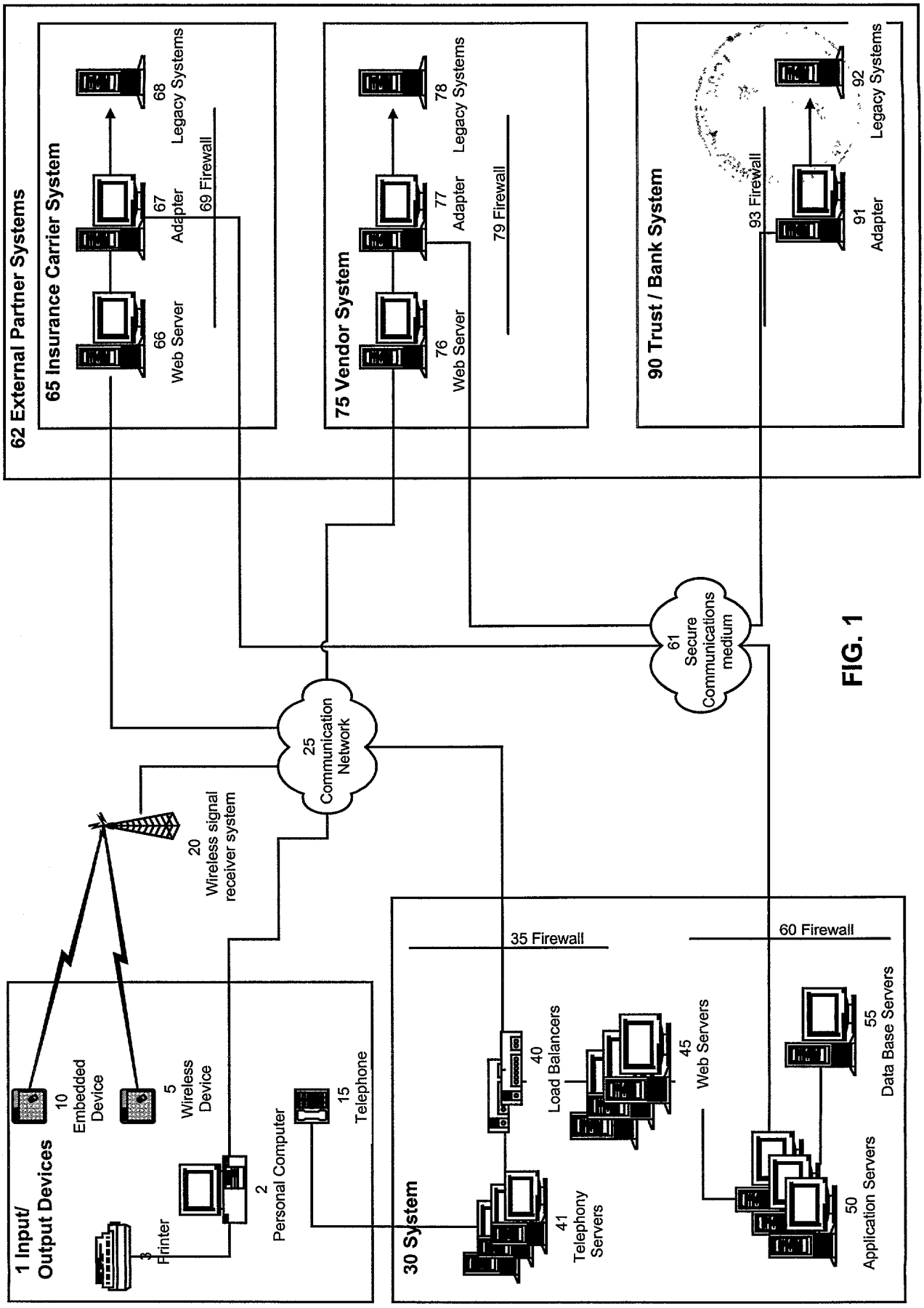

62 External Partner Systems
65 Insurance Carrier System
66 Web Server
67 Adapter
68 Legacy Systems
69 Firewall
75 Vendor System
76 Web Server
77 Adapter
78 Legacy Systems
79 Firewall
90 Trust / Bank System
91 Adapter
92 Legacy Systems
93 Firewall
61 Secure Communications medium
25 Communication Network
20 Wireless signal receiver system
1 Input/ Output Devices
10 Embedded Device
5 Wireless Device
2 Personal Computer
15 Telephone
3 Printer
30 System
35 Firewall
40 Load Balancers
41 Telephony Servers
45 Web Servers
60 Firewall
50 Application Servers
55 Data Base Servers

FIG. 1

T6202T* h0952860

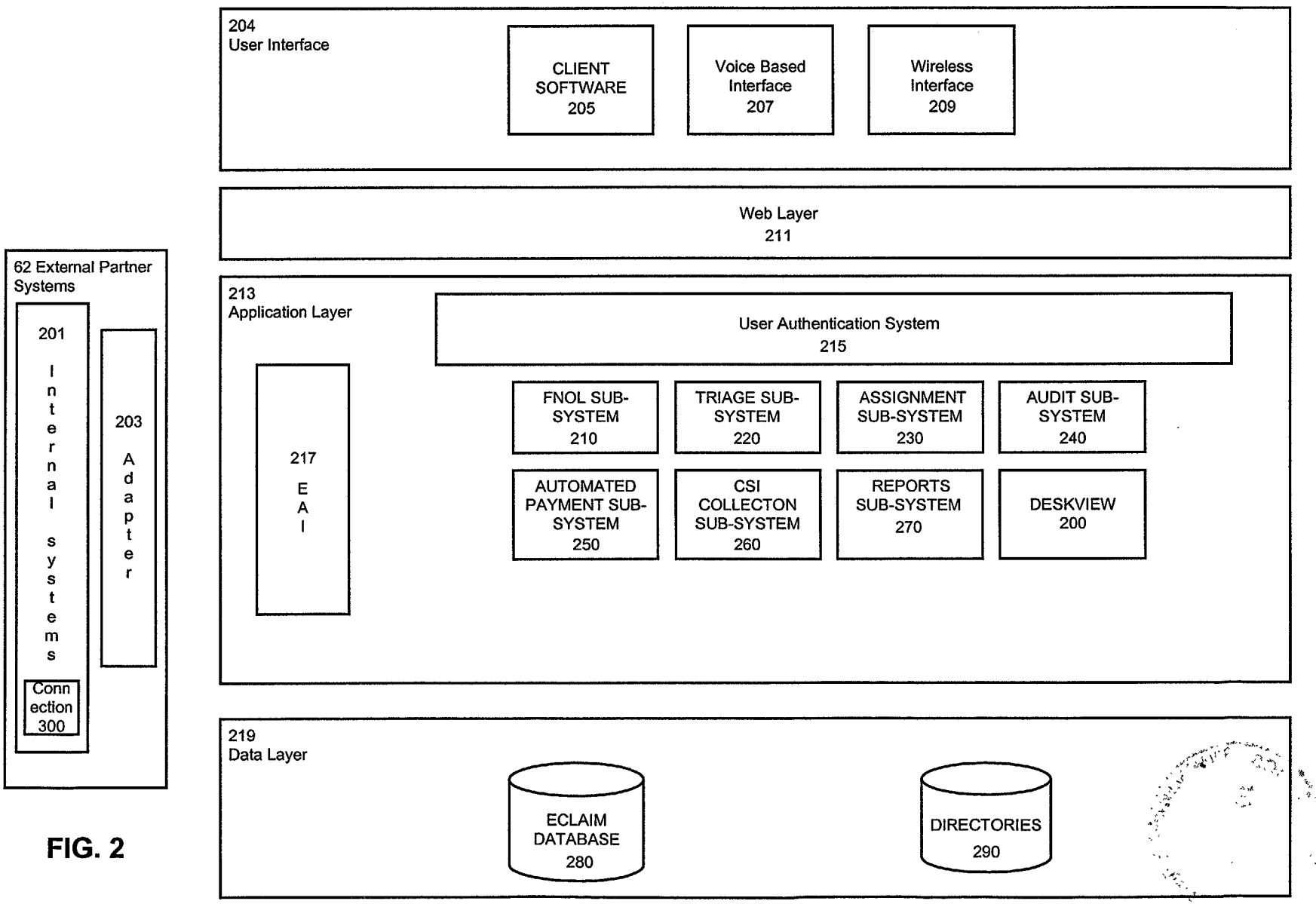


FIG. 2

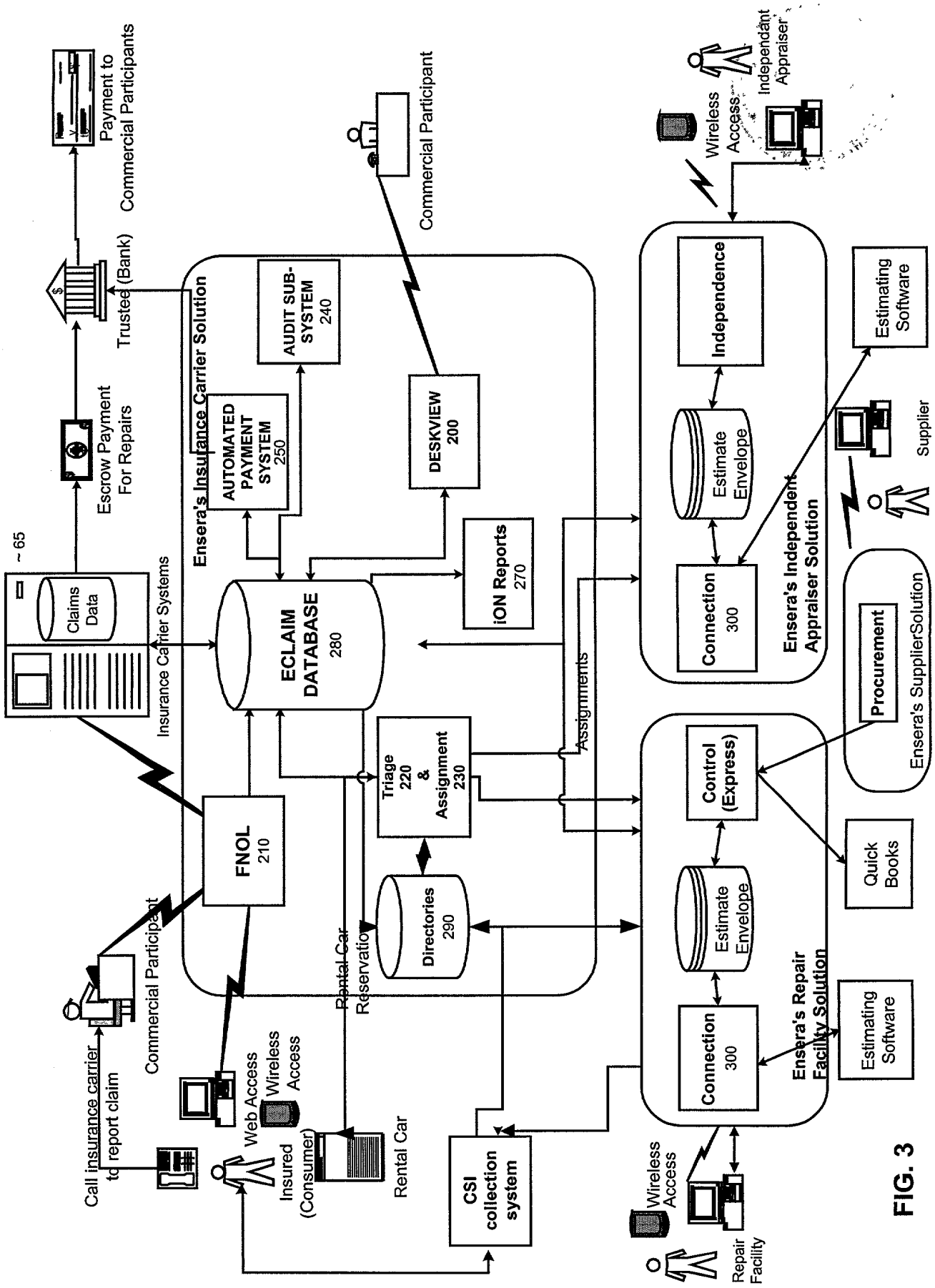

Payment to Commercial Participants
Trustee (Bank)
Escrow Payment For Repairs
~ 65
Claims Data
Insurance Carrier Systems
Ensera's Insurance Carrier Solution
AUDIT SUB-SYSTEM 240
AUTOMATED PAYMENT SYSTEM 250
DESKVIEW 200
Commercial Participant
ECLAIM DATABASE 280
iON Reports 270
FNOL 210
Triage 220 & Assignment 230
Directories 290
Assignments
Rental Car Reservation
Commercial Participant
Call insurance carrier to report claim
Web Access
Wireless Access
Insured (Consumer)
Rental Car
CSI collection system
Wireless Access
Repair Facility
Ensera's Repair Facility Solution
Connection 300
Estimate Envelope
Control (Express)
Estimating Software
Quick Books
Ensera's Independent Appraiser Solution
Connection 300
Estimate Envelope
Independence
Wireless Access
Independant Appraiser
Estimating Software
Supplier
Ensera's SupplierSolution
Procurement

FIG. 3

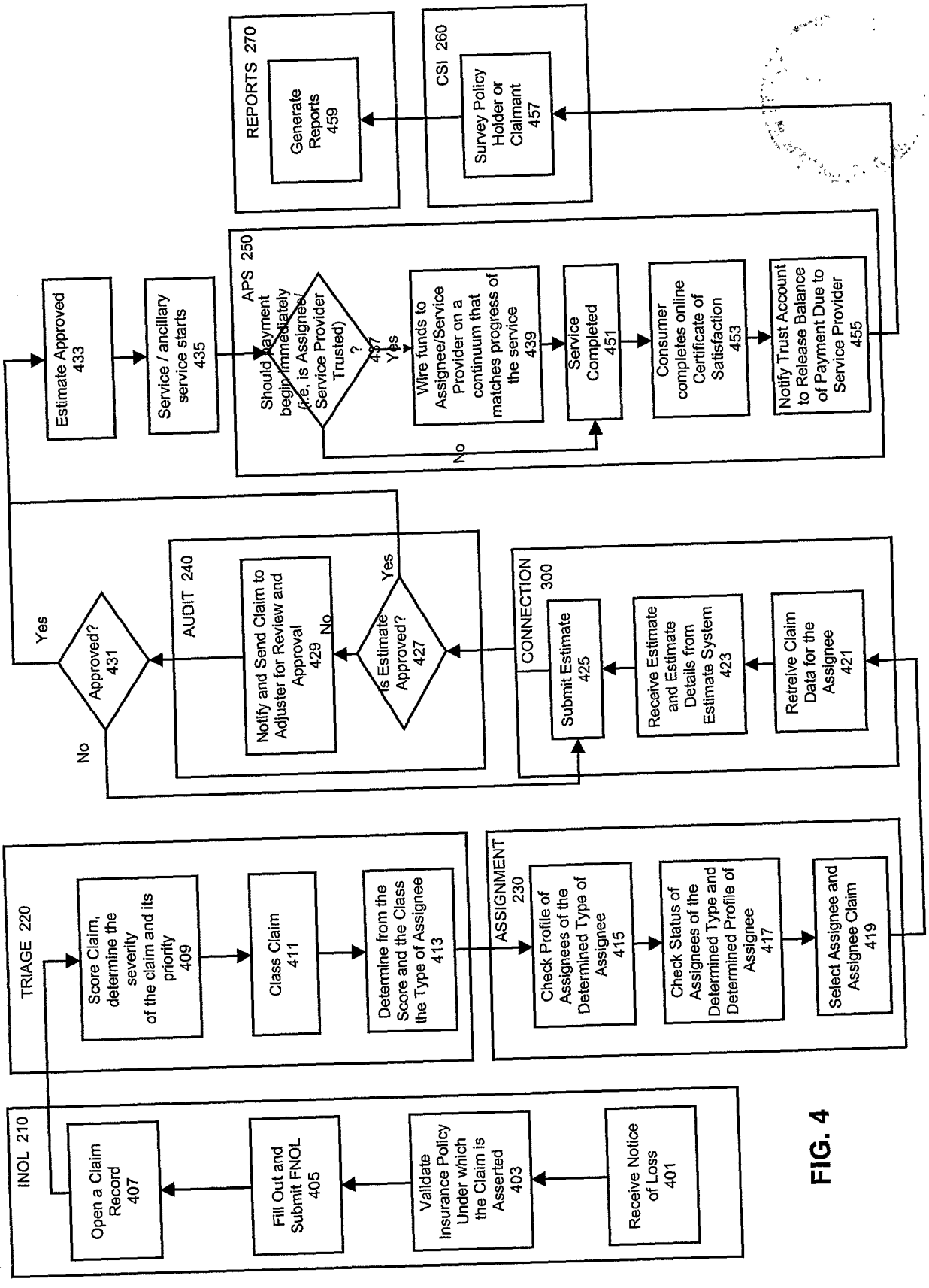

INOL 210
Receive Notice of Loss 401
Validate Insurance Policy Under which the Claim is Asserted 403
Fill Out and Submit FNOL 405
Open a Claim Record 407
TRIAGE 220
Determine from the Score and the Class the Type of Assignee 413
Class Claim 411
Score Claim, determine the severity of the claim and its priority 409
ASSIGNMENT 230
Select Assignee and Assignee Claim 419
Check Status of Assignees of the Determined Type and Determined Profile of Assignee 417
Check Profile of Assignees of the Determined Type of Assignee 415
CONNECTION 300
Retreive Claim Data for the Assignee 421
Receive Estimate and Estimate Details from Estimate System 423
Submit Estimate 425
Is Estimate Approved? 427
Yes
No
AUDIT 240
Notify and Send Claim to Adjuster for Review and Approval 429
Approved? 431
Yes
No
Estimate Approved 433
Service / ancillary service starts 435
APS 250
Should Payment begin Immediately (i.e. is Assignee/ Service Provider Trusted) ? 437
Yes
No
Wire funds to Assignee/Service Provider on a continuum that matches progress of the service 439
Service Completed 451
Consumer completes online Certificate of Satisfaction 453
Notify Trust Account to Release Balance of Payment Due to Service Provider 455
CSI 260
Survey Policy Holder or Claimant 457
REPORTS 270
Generate Reports 459

FIG. 4

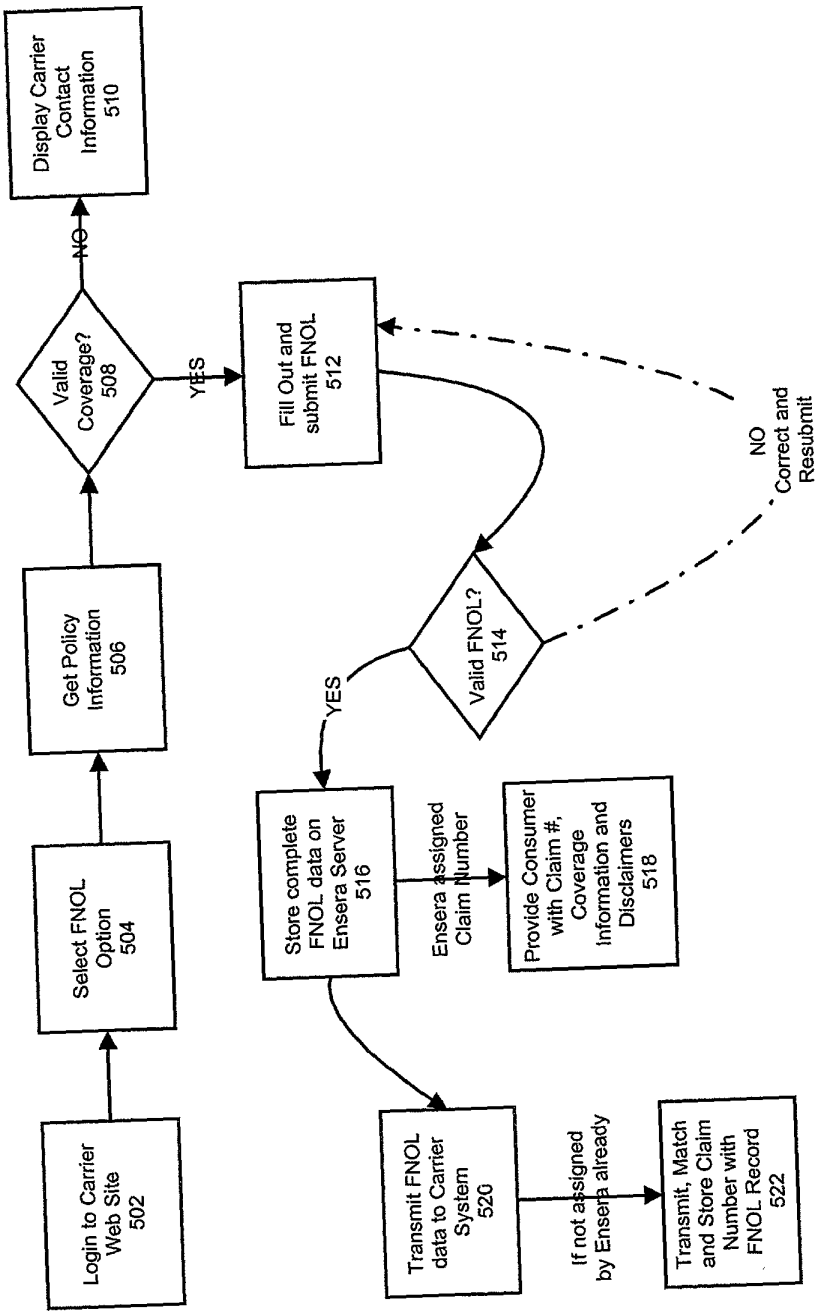

Login to Carrier Web Site 502
Select FNOL Option 504
Get Policy Information 506
Valid Coverage? 508
NO
YES
Display Carrier Contact Information 510
Fill Out and submit FNOL 512
NO Correct and Resubmit
Valid FNOL? 514
YES
Store complete FNOL data on Ensera Server 516
Ensera assigned Claim Number
Provide Consumer with Claim #, Coverage Information and Disclaimers 518
Transmit FNOL data to Carrier System 520
If not assigned by Ensera already
Transmit, Match and Store Claim Number with FNOL Record 522

FIG. 5A.

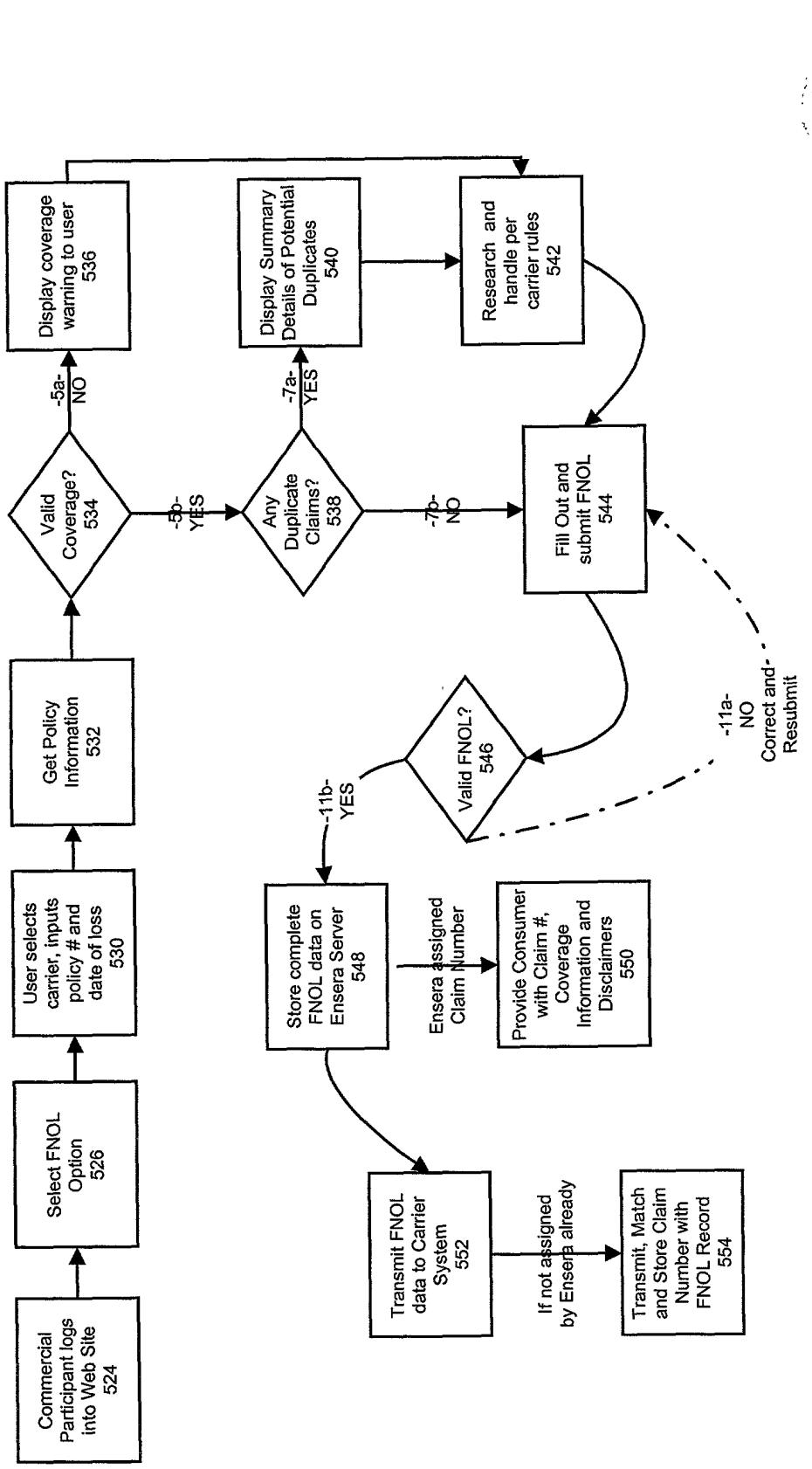

Commercial Participant logs into Web Site 524
Select FNOL Option 526
User selects carrier, inputs policy # and date of loss 530
Get Policy Information 532
Valid Coverage? 534
-5a- NO
Display coverage warning to user 536
-5b- YES
Any Duplicate Claims? 538
-7a- YES
Display Summary Details of Potential Duplicates 540
Research and handle per carrier rules 542
-7b- NO
Fill Out and submit FNOL 544
Valid FNOL? 546
-11a- NO Correct and Resubmit
-11b- YES
Store complete FNOL data on Ensera Server 548
Ensera assigned Claim Number
Provide Consumer with Claim #, Coverage Information and Disclaimers 550
Transmit FNOL data to Carrier System 552
If not assigned by Ensera already
Transmit, Match and Store Claim Number with FNOL Record 554

FIG. 5B.

Fields
<Loss>
<LocationofAccident>
<DamageToVehicle>
<LossDescription>
<NamedInsuredVehicleOperator>
<LastName>
<FirstName>
<MiddleName>
<ReportNumber>
<PoliceReportNumber>
<DateOfLoss>
<TimeOfLoss>
<WereThereWitnesses>
<HaveAttorney>
<WereThereInjuries>
<HowManyVehiclesInvolved>
<WeatherConditions>

<VehicleInformation>
<ModelYear>
<Manufacturer>
<Model>
<Color>
<VehicleIdentificationNumber>
<LossPayee> vehicle

<Repair Facility>
<SelectaRepairFacility>
<RepairFacilityInformation>
<Name>
<Addr>
<City>
<StateProv>
<PostalCode>
<CommunicationNumber>
<RepairFacilityPhone>

<Insured>
<PersonInformation>
<LastName>
<FirstName>
<MiddleName>
<SocialSecurityNumber> Password
<AddressInformation>
<Addr1>
<Addr2>
<City>
<StateProv>
<PostalCode>
<Country>
<Email>
(phone # will be accepted if customer has no e-mail)
<CommunicationNumber>
<ContactPhone>

<Damage to Property of Others>
<WasItAVehicle>
<DamageTo>
<NumberOfPassengers>
<DamageDescription>
<OtherCarrierInformation>
<VehicleInformation>
<ModelYear>
<Manufacturer>
<Model>
<Color>
<VIN>
<LicensePlateNumber>
<Description of Damage>

(Description available for multiple vehicles)

<Injuries>
(Fields below will be available for each injured person)
<Injured>
<RelationToInsured>
<Description &ExtentOfInjury>
<MedicalProvider>
<AmbulanceNeeded>
<PersonInformation>
<LastName>
<FirstName>
<MiddleName>
<AddressInformation>
<Addr1>
<Addr2>
<City>
<StateProv>
<PostalCode>
<Country>
<CommunicationNumber>
<ContactPhone>
(Description available for multiple injuries)

<Witnesses>
<Witness>
<PersonInformation>
<LastName>
<FirstName>
<MiddleName>
<AddressInformation>
<Addr1>
<Addr2>
<City>
<StateProv>
<PostalCode>
<Country>
<CommunicationNumber>
<ContactPhone>

(Description available for multiple witnesses)

<Your Passenger Information>
<Passenger>
<PersonInformation>
<LastName>
<FirstName>
<MiddleName>
<AddressInformation>
<Addr1>
<Addr2>
<City>
<StateProv>
<PostalCode>
<Country>
<CommunicationNumber>
<ContactPhone>

<Attorney>
<AttorneyInformation>
<WhoDoestheAttorneyRepresent>
<Firm Name>
<LastName>
<FirstName>
<MiddleName>
<AddressInformation>
<Addr1>
<Addr2>
<City>
<StateProv>
<PostalCode>
<Country>
<CommunicationNumber>
<ContactPhone>

FIG. 6

f0202T "h0952860

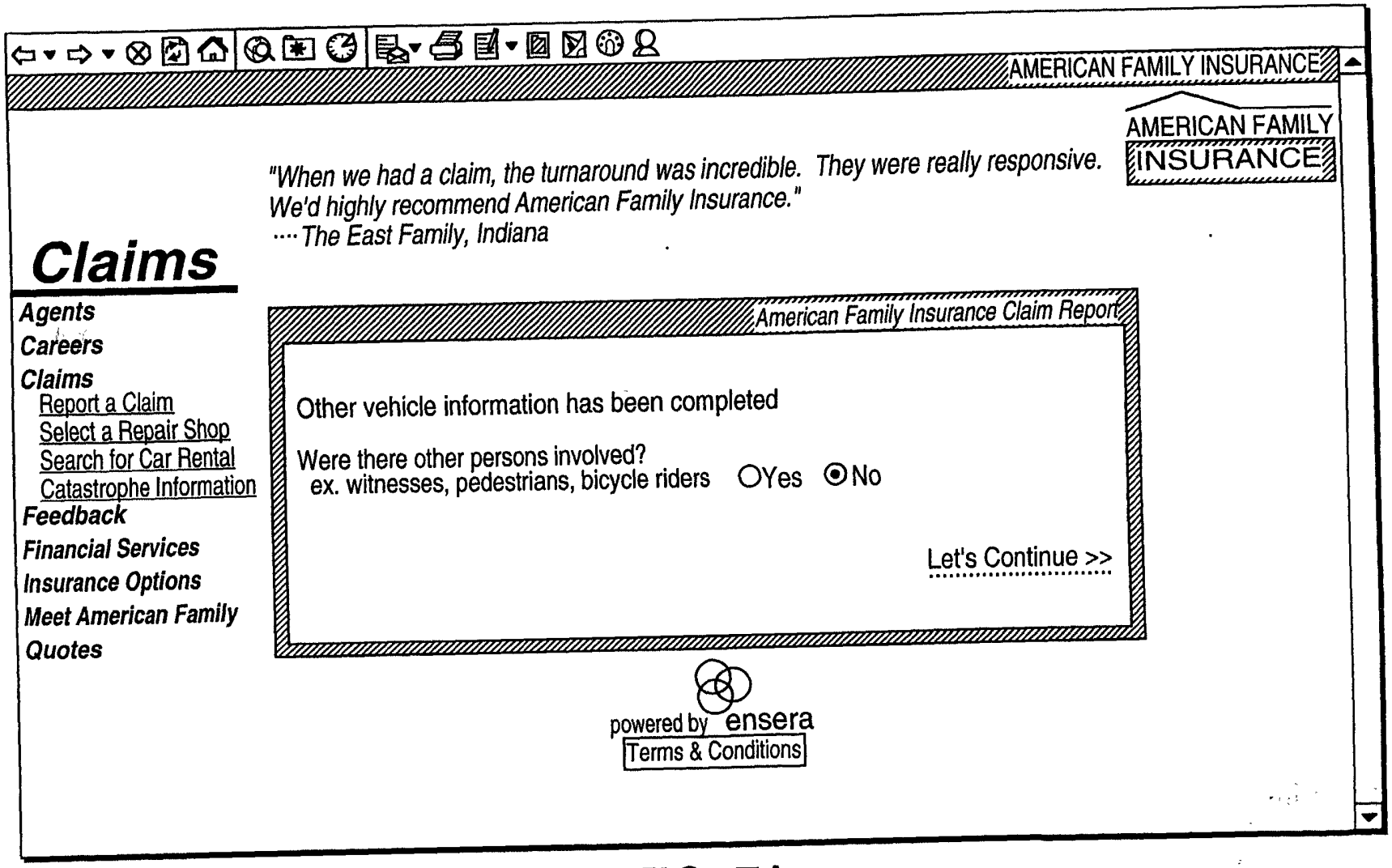


FIG. 7A

Title: System and Method of Administering, Tracking and Managing of Claims Processing
Applicants: Anthony Aquila, et al.
Docket No.: 22606-05797

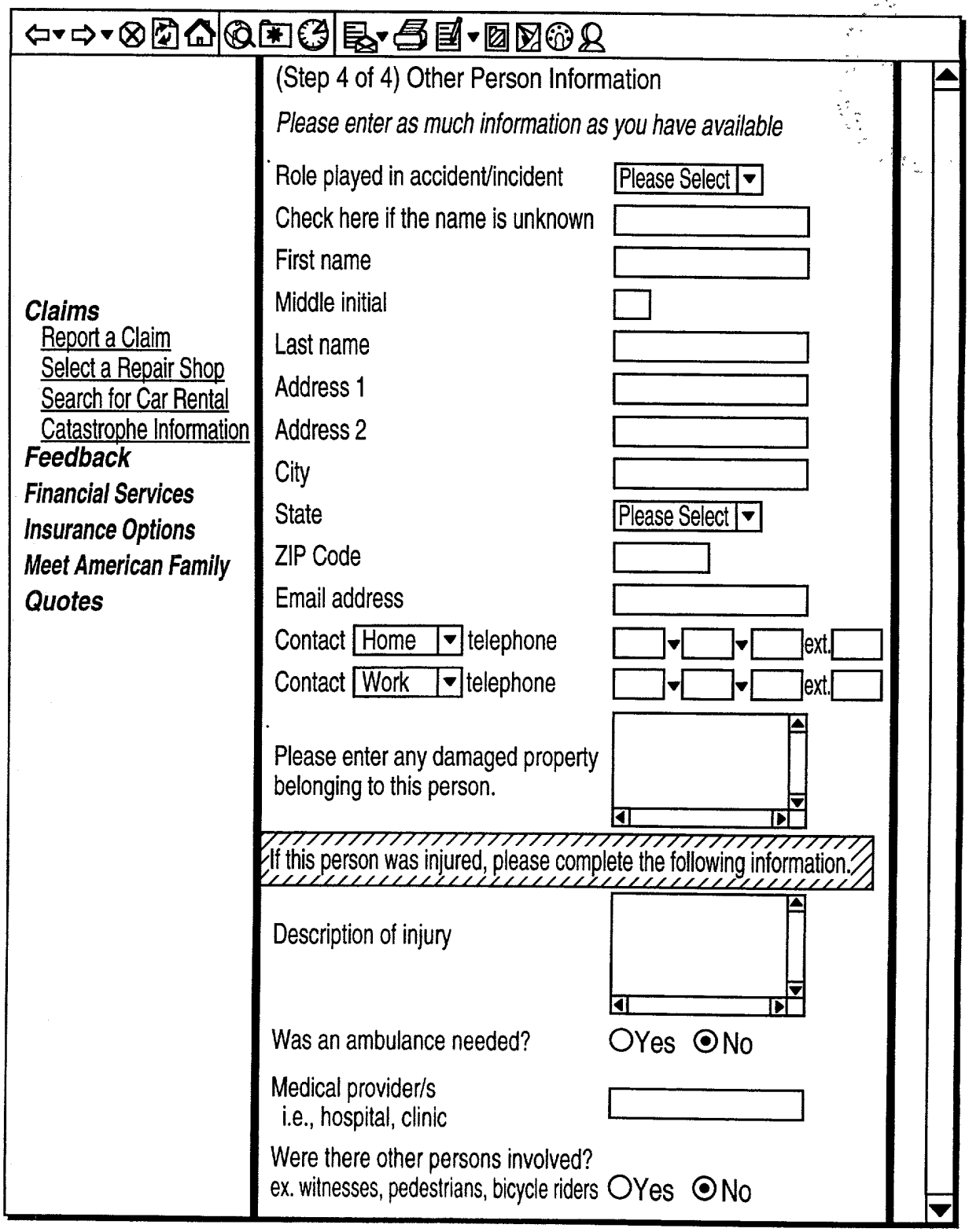

(Step 4 of 4) Other Person Information
Please enter as much information as you have available
Role played in accident/incident
Please Select
Check here if the name is unknown
First name
Middle initial
Last name
Address 1
Address 2
City
State
Please Select
ZIP Code
Email address
Contact Home telephone
ext.
Contact Work telephone
ext.
Please enter any damaged property belonging to this person.
If this person was injured, please complete the following information.
Description of injury
Was an ambulance needed?
Yes
No
Medical provider/s
i.e., hospital, clinic
Were there other persons involved?
ex. witnesses, pedestrians, bicycle riders
Yes
No
Claims
Report a Claim
Select a Repair Shop
Search for Car Rental
Catastrophe Information
Feedback
Financial Services
Insurance Options
Meet American Family
Quotes

FIG. 7B

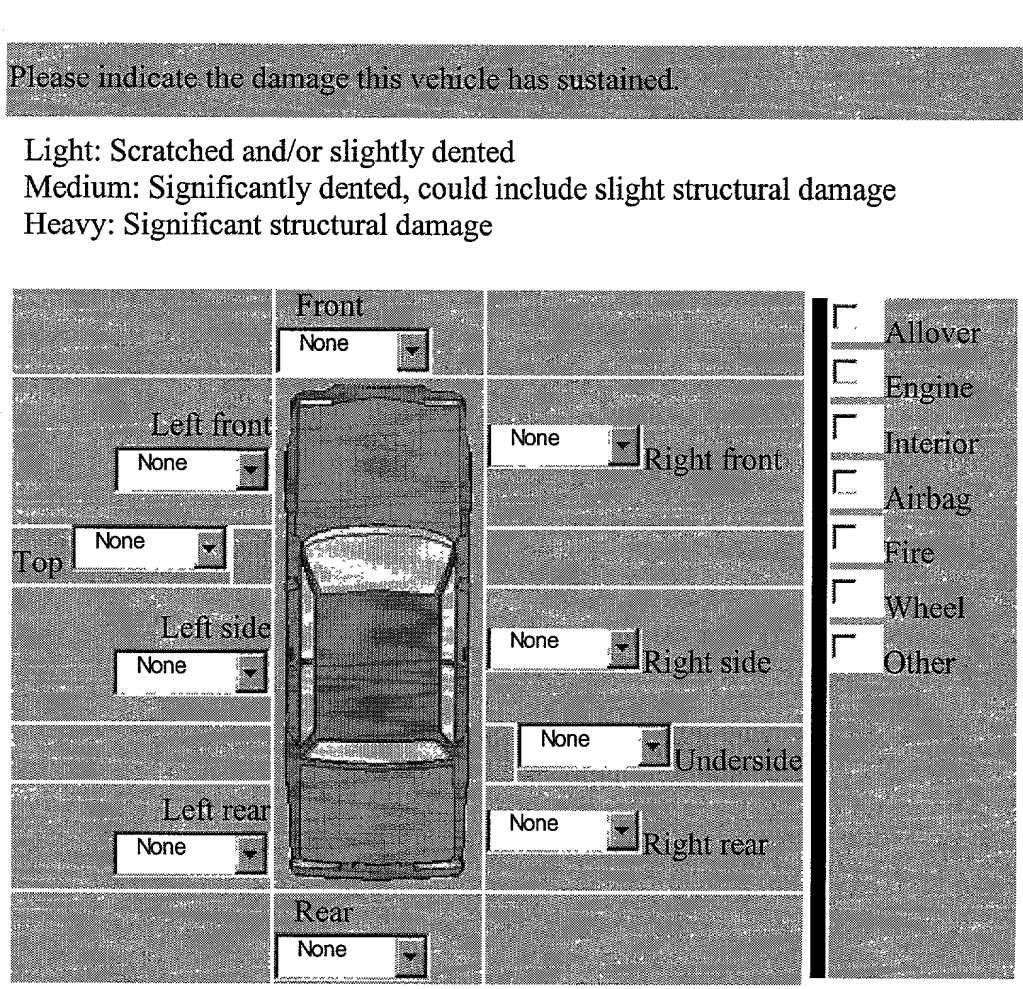

Please indicate the damage this vehicle has sustained.
Light: Scratched and/or slightly dented
Medium: Significantly dented, could include slight structural damage
Heavy: Significant structural damage
Front
None
Left front
None
Top
None
Left side
None
Left rear
None
Rear
None
None
Right front
None
Right side
None
Underside
None
Right rear
Allover
Engine
Interior
Airbag
Fire
Wheel
Other

FIG. 8

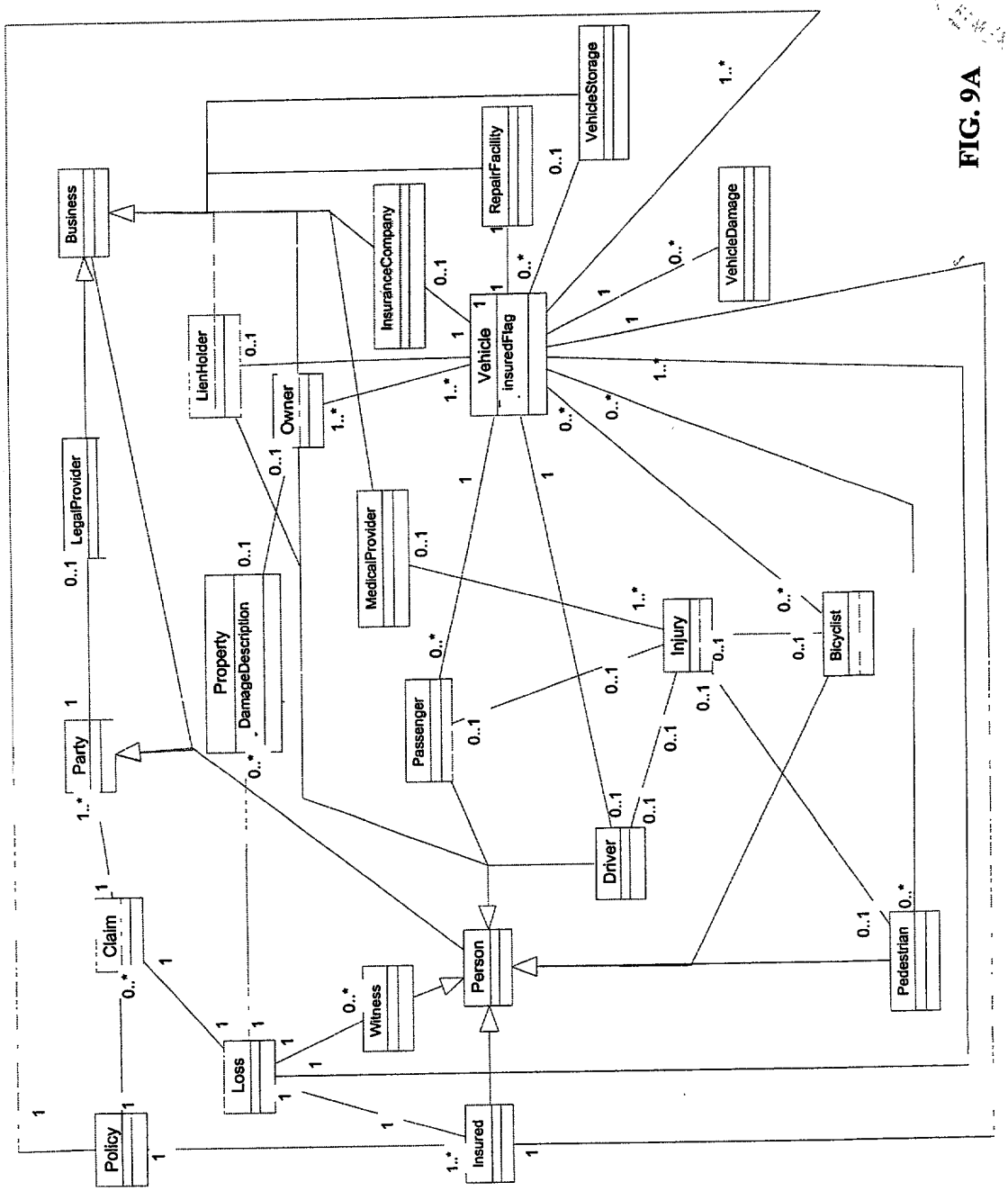

Business
InsuranceCompany
RepairFacility
VehicleStorage
VehicleDamage
LienHolder
Owner
Vehicle
insuredFlag
LegalProvider
MedicalProvider
Property
DamageDescription
Party
Passenger
Injury
Bicyclist
Driver
Claim
Person
Witness
Pedestrian
Loss
Policy
Insured

FIG. 9A

Claim	Loss	Policy	Coverage	Party
Claim Number	Date of Loss	Policy Type	Coverage type	Party type
	Time of Loss	Policy Name	Coverage amount	
	Weather Condition	Coverage begin date	Coverage deductible	
	Loss Type	Coverage end date		
	Loss Location	Policy period #		
	Loss Description			
	# Vehicles Involved			
	Anyone Injured?			
	Any law enforcement?			
	Law enforcement name			
	Report #			
	Any witnesses?			
	Any pedestrians?			

Individual	Business	Vehicle	Property
First Name	Business Name	Year	Owner Name
Middle Name	Tax ID Number	Make	Property Description
Last Name	Contact Name	Model	Address
Date of Birth	Contact Info	VIN	Phone
Social Security #	Reference Type	Color	email
Gender	Reference Number	Mileage	
Marital Status	Address	Lienholder	
DL State	Phone	Any/Other Insurance	
DL #	email	License plate State	
Address		License plate number	
Phone		Driver	
email		Passenger	
Injured?		Owner	
Deceased?			

Address	Phone	email	Injury	Vehicle Damage	Property Damage
Type	Type	email address	Type of Medical	Drivable?	Livable?
Street 1	Number		Amount of Medical	Damage location	Description
Street 2			Injury description	Damage severity	Contractor chosen?
City			Medications	RF Chosen?	Contractor Information
State			Body Part	RF Information	Estimate provided?
Zip			Type of Injury	Estimate provided?	Estimate amount
County				Estimate amount	
Country					

FIG. 9B

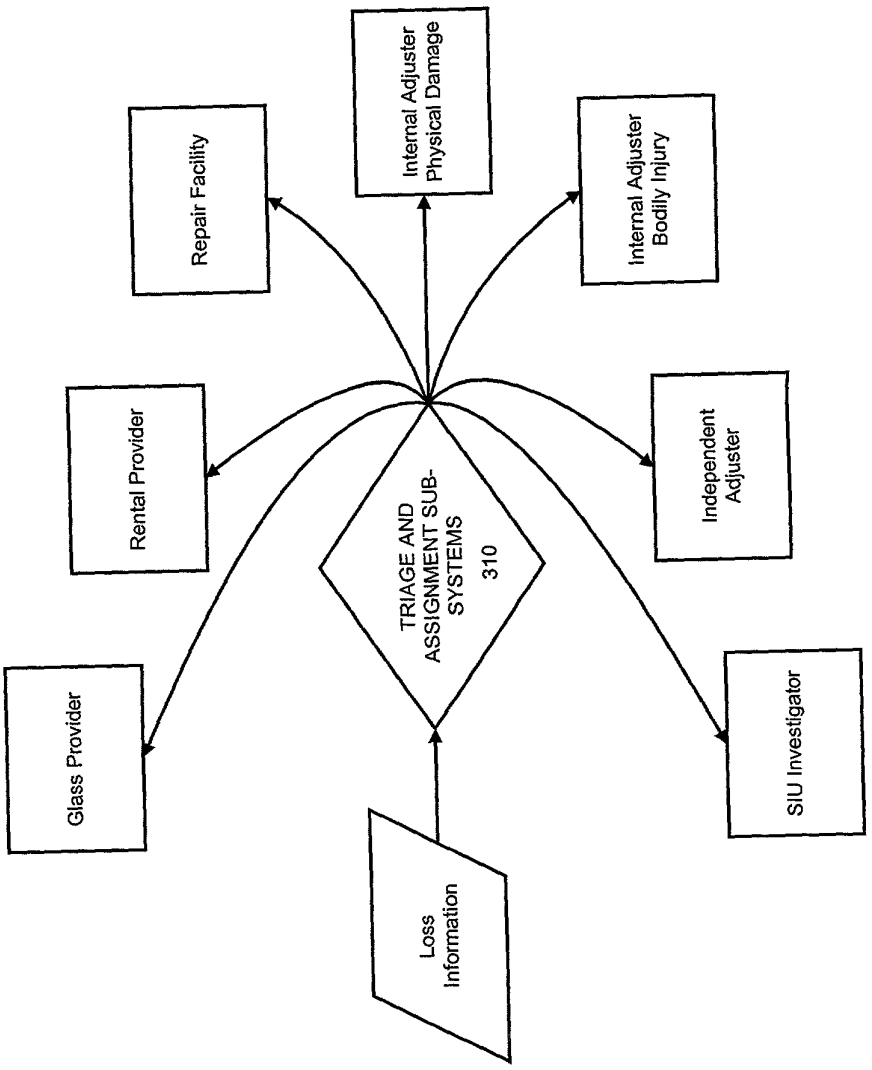

Internal Adjuster Physical Damage
Repair Facility
Internal Adjuster Bodily Injury
Rental Provider
Independent Adjuster
TRIAGE AND ASSIGNMENT SUB-SYSTEMS 310
Glass Provider
SIU Investigator
Loss Information

FIG. 10

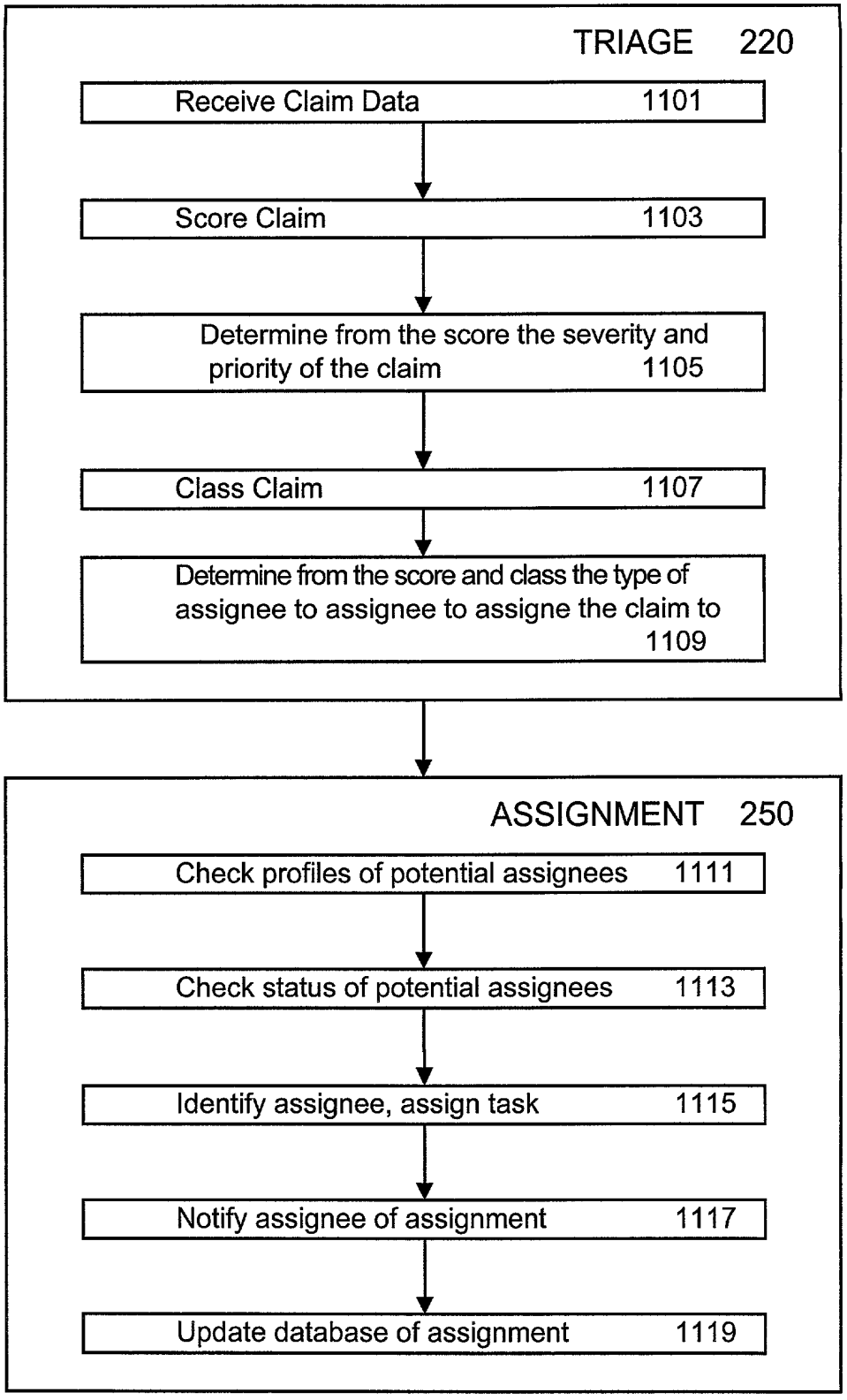

TRIAGE 220
Receive Claim Data 1101
Score Claim 1103
Determine from the score the severity and priority of the claim 1105
Class Claim 1107
Determine from the score and class the type of assignee to assignee to assigne the claim to 1109
ASSIGNMENT 250
Check profiles of potential assignees 1111
Check status of potential assignees 1113
Identify assignee, assign task 1115
Notify assignee of assignment 1117
Update database of assignment 1119

FIG. 11

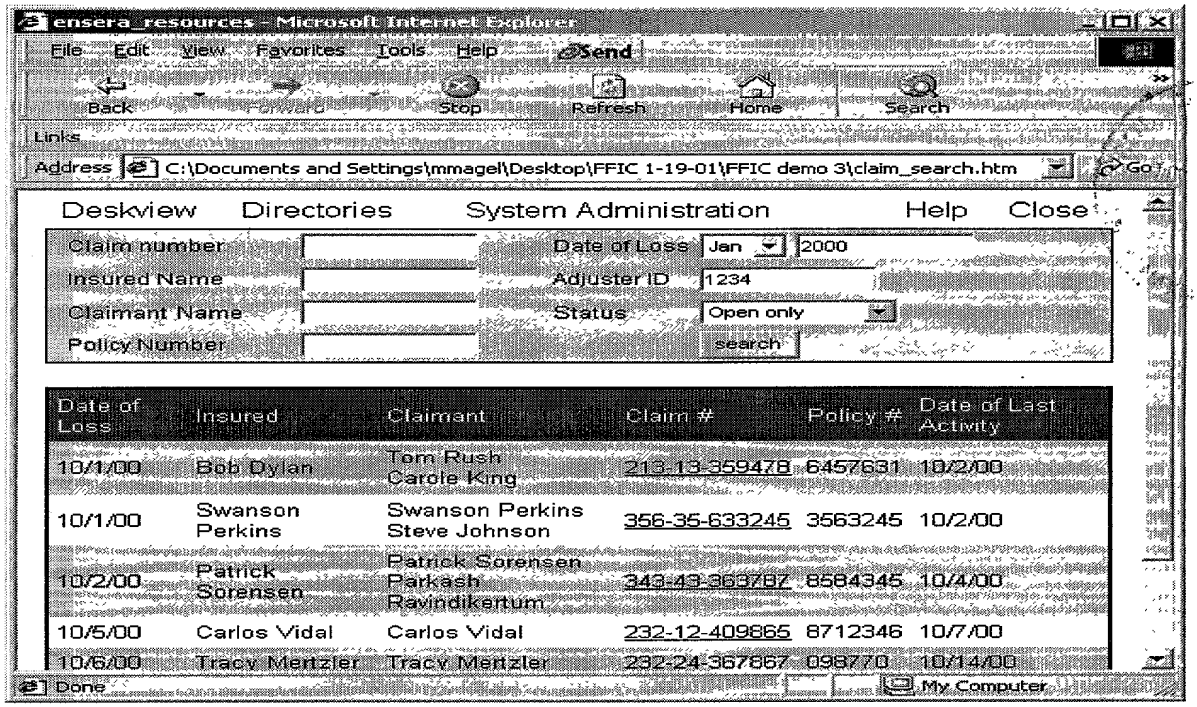


FIG. 12A

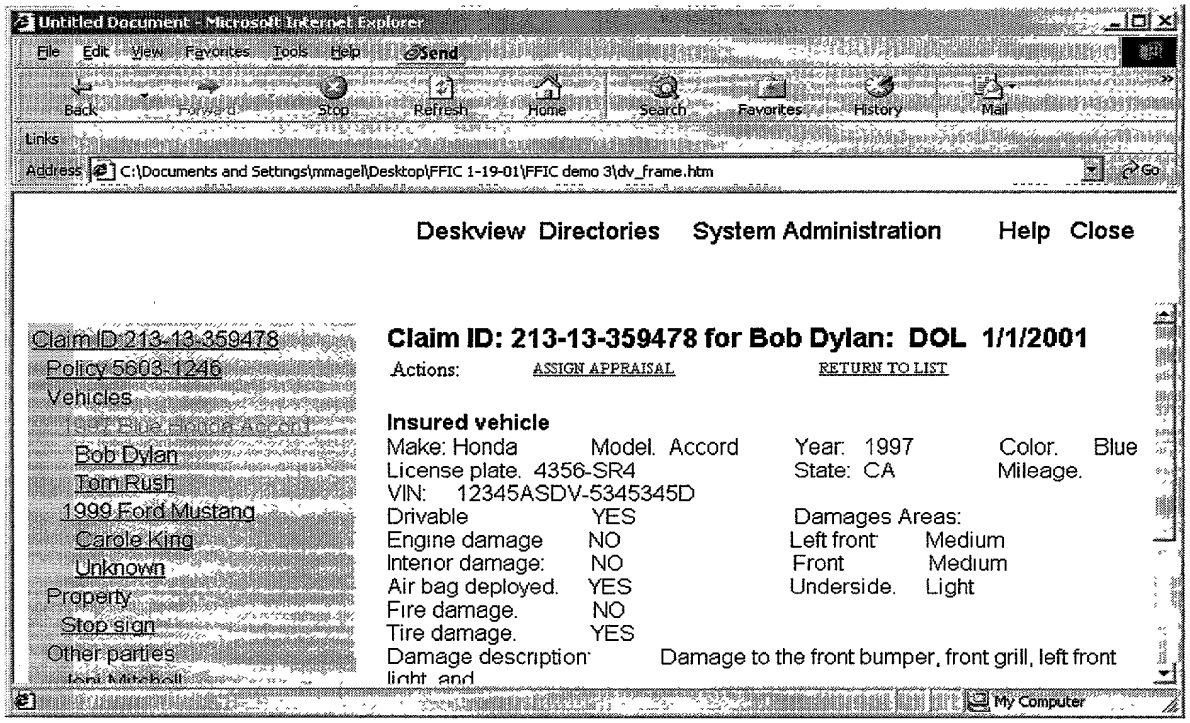


FIG. 12B

Docket No. 22606-05797

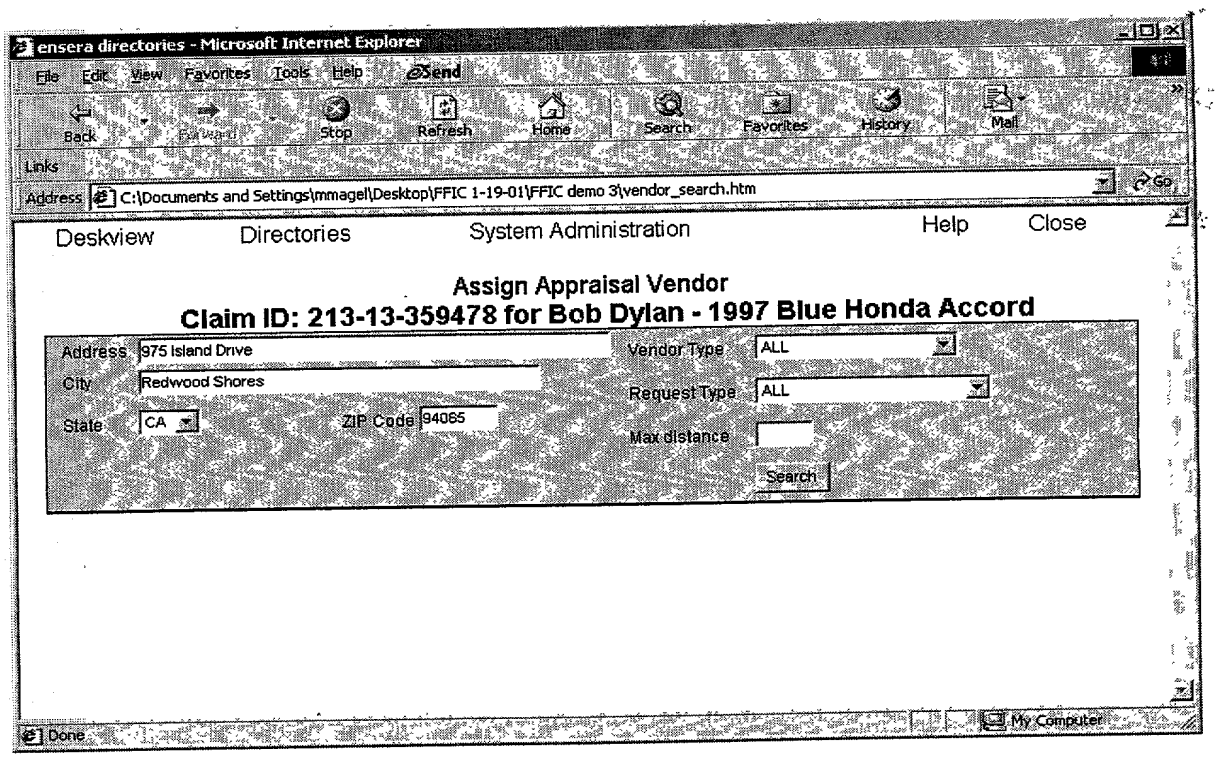


FIG. 12C

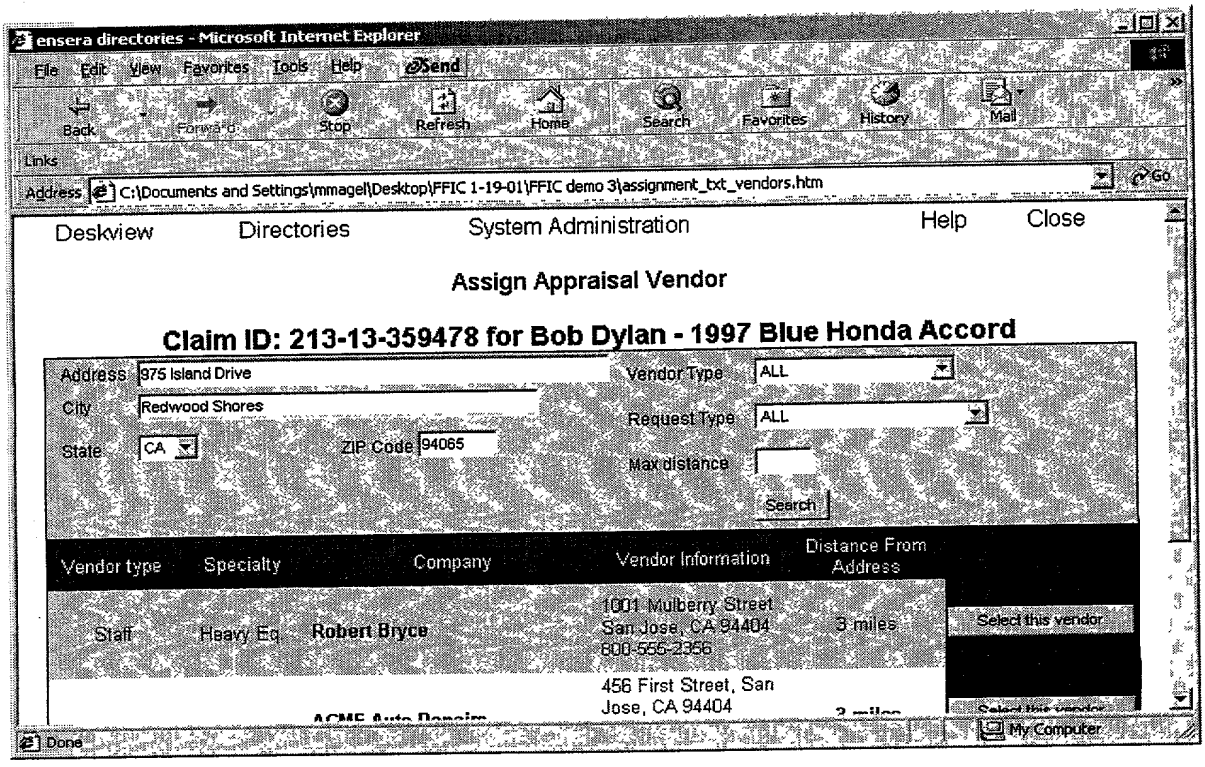


FIG. 12D

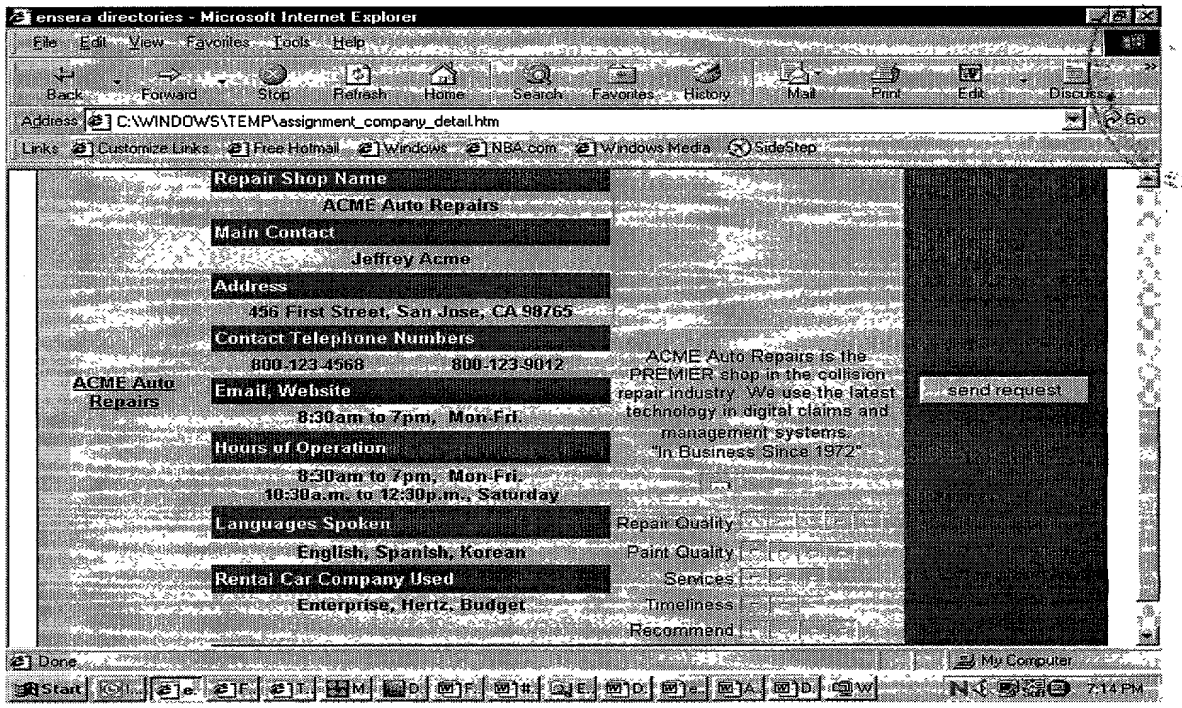


FIG. 12E

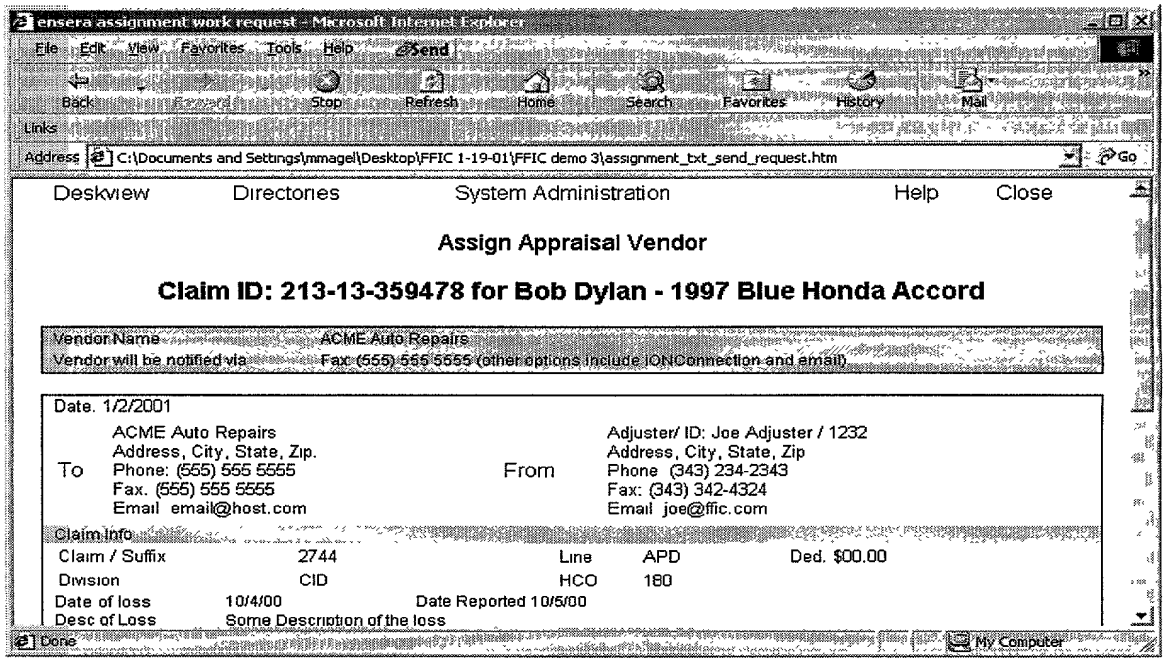


FIG. 12F

Field NAMES	Format	DATA LEVEL	Description
Claim number	###-##-###### ALPHA NUM	CLAIM	Aco-yr-claim#
Insured name	ONE FIELD- 30 BYTES	CLAIMS SUFFIX	
HCO	### = 3 DIGITS	CLAIM	ID FOR HANDLING CLAIM OFFICE
Status	X = ONE LETTER	SUFFIX	o=open, c=closed; p=pending, r=reopened
Rep / CA	XXX = ALPHA NUMERIC	SUFFIX	representative or claims assist assigned to suffix - REASSIGNED
SUP		SUFFIX	ID ADJUSTER OR SIU ON REASSIGNED CLAIM
RECEIVE DATE	Cc/YY/MM/DD	CLAIM	8 DIGIT DATE =REPORT DATE
DATE OF LOSS	Cc/YY/MM/DD	CLAIM	8 DIGIT DATE =DOL
DATE OF MAKE UP	Cc/YY/MM/DD	SUFFIX	8 DIGIT =FIRST RESERVE
ACCIDENT LOCATION -CITY	ONE FIELD	CLAIM	AT LEAST 20 BYTES
STATE	TWO DIGIT ALPHA	CLAIM	2 BYTES
SUFFIX – SX	XXX =3 DIGIT NUMERIC	SUFFIX	ID'S CLAIM SEGMENT/COVERAGE
LINE ABBREVIATION	5 BYTES	SUFFIX	COL=COLLISION; APD=THIRD PARTY; AOC=COMPREHENSIVE/RENTAL
CLAIMENT / OBLIGEE	ONE FIELD – 30 BYTES	SUFFIX	
ADDRESS -CLMNT	ONE FIELD – 30 BYTES	SUFFIX	
CITY – CLMNT	ONE FIELD – 30 BYTES	SUFFIX	
STATE-CLMNT	TWO DIGIT	SUFFIX	STATE CLAIMENT RESIDES
ZIP CODE	#####-#### 9 BYTES	SUFFIX	STD PLUS 4 FORMAT
AC – AREA CODE -CLMNT	### = 3 DIGITS	SUFFIX	STANDARD
PHONE NUMBER-CLMNT	###-####	SUFFIX	STANDARD
ATTORNEY	ONE FIELD – 25 BYTES	SUFFIX	
DEDUCTIBLE AMOUNT	ONE FIELD – 7 BYTES	SUFFIX	
AC – AREA CODE -ATTRNY	### = 3 DIGITS	SUFFIX	STANDARD
PHONE NUMBER-ATTRNY	###-####	SUFFIX	STANDARD
PLAINTIFFS FIRM/BUSINESS	ONE FIELD – 25 BYTES	SUFFIX	STANDARD
DESCRIPTION OF LOSS	2 SECTIONS – 45 BYTES	CLAIM	ALPHA NUMERIC
POLICY NUMBER	XXX-XXXXXXX 11 BYTES ALPHA NUMERIC	CLAIM	3 CHAR PREFIX,8 DIGIT POL. #
EFFECTIVE DATE	Cc/YY/MM/DD	CLAIM	8 char
EXPIRATION DATE	Cc/YY/MM/DD	CLAIM	8char
VEHICLE MAKE	10 BYTES ALPHA NUMERIC	CLAIM	
VEHICLE MODEL	10 BYTES ALPHA NUMERIC	CLAIM	
AUTO NUMBER	XX=TWO DIGITS	CLAIM	NUMBER OF INSURED VEHICEL AS SHOWN ON POLICY
AUTO YEAR	XX=TWO DIGITS	CLAIM	YEAR INSURED VEHICLE WAS INVOLVED IN A LOSS
VEHICLE MODEL YEAR		CLAIM	
INSIDE APPRAISER	XXX= 3 CHARACTER	CLAIM	ID'S INHOUSE FFIC APPRAISER
VEHICLE ID NUMBER -VIN	17 CHARACTERS ALPHA NUMERIC	CLAIM	MFG UNIQUELY ID'S VEHICLE
OUTSIDE APPRAISER	20 BYTES	SUFFIX	NAME OF OUTSIDE APPRAISAL FIRM
DATE SUFFIX CLOSED	Cc/YY/MM/DD	SUFFIX	SPLIT INTO THREE FIELD AT FFIC
DATE SUFFIX REOPENED	Cc/YY/MM/DD	SUFFIX	SPLIT INTO THREE FIELD AT FFIC
DEDCUTIBLE INDICATOR	X= ONE CHARACTER	CLAIM	ID;'S WHETHER DED APPLIES TO CLAIM
DATE CLAIM CLOSED	Cc/YY/MM/DD	CLAIM	CLOSED AT CLAIM LEVEL
IRS NUMBER	10 DIGITS ###-##-#### (#)	suffix	SOCIAL SECURITY OR TAX ID # FOR PERSON RECEIVING PAYMENT
Invoice Number	10 digits	suffix	Internal number if intending to pay claim

FIG. 13

Header
Transaction ID: *(a unique identifier of this transaction. Use ACTIVITY_ID from ACTIVITY_LOG)*
(Title of document): *Appraisal Assignment Transmittal*
(Date of document): *01/01/2001*
Assignment type: *2 (this is a code value – ASSIGNMENT_TYPE_CV)*
Assignment type description: *CLASS shop appraisal (translation of type above)*

Assignment (to)
Assignee ID: *(the directory id for this service provider - SERVICE_PROVIDER_ID)*
ION Connection ID: *(the unique ID used for iON Connection - ION_CONNECTION_NUMBER)*
Assignee name: *ACME Auto Repair*
Address: *350 Wooster Ave*
City: *San Jose*
State: *CA*
ZIP: *95116*
Phone: *800-555-1111*
Fax: *408-965-7224*
E-mail: *acmeauto@mymail.com*

Adjuster (from)
Adjuster name (first last): *David Crosby*
Address: *777 San Marin Drive*
City: *Novato*
State: *CA*
ZIP: *94998*
Phone: *650-333-3434*
Fax: *415.899.4321*
E-mail: *dcrosby@carrier.com*
Adjuster ID: *213 F 823*

Request
(This is a short paragraph description the type of request and the how it should be handled. This paragraph along with the instruction – see below – will come from a new table which will be accessed by carrier id & assignment type)
This assignment is not a confirmation of coverage or acceptance of liability. Payment responsibility remains with the vehicle owner unless otherwise confirmed . . .

Additional comment
(This is an area for notes specific to this assignment not covered in other fields. This is optional -- OTHER_COMMENT from ASSIGNMENT.)

Instructions
(This is a list of completion instructions. This will list several steps that need to be done to complete this assignment. See notes in Request above. Probably 5 steps. Carry as 10 different fields – each with length of 50)

1. *Provide vehicle owner with copy . . .*
2. *Fax the completed Fax transmittal / status sheet, estimate . . .*
3. *Fax a copy of the estimate only to . . .*
4. *Unless we receive a Direction of Pay authorization . . .*
5. *Mail the original estimate and photos to the claims office . . .*

CCC ID: *(a code that identifies FFIC to CCC for a total loss valuation. The id is different for each state. This may not be necessary.*

Claim information
Claim / Suffix #: *213-13-359478 001*
HCO: *640*
Date of loss: *01/01/2001*
Date reported: *01/01/2001*
Policy number: *1111111*
Deductible amount: *$250*
Description of loss: *While driving down route 4, the car in front of me stopped short in the middle of the street. My car struck the rear of his car causing damage to my front end, including the hood and only minor damage to his rear bumper*
Insured name (first last): *Bob Dylan*

Vehicle owner information
Vehicle owner (first last): *Bob Dylan*
Address: *975 Island Drive*
City: *Redwood Shores*
State: *CA*
ZIP: *94065*
Phone 1: *work: 650.472.2600*
Phone 2: *home: 650.472.9876*

Vehicle information
Location: *at Zappa's Autobody & Repair*
Location Address:
Location City: *Santa Angeles*
State: *CA*
ZIP:
Location phone:
Year: *1997*
Make: *Honda*
Model: *Accord*
License: *4356-SR4*
Color: *Blue*
VIN: *12345ASDV-5345345D*
Description of damage: *Damage to the front bumper, front grill, left front light, and to the hood.*
Prior damage: *None reported*
Drivable: *Yes*

FIG. 14

Express Mail Label No. EV 339 138 925 US

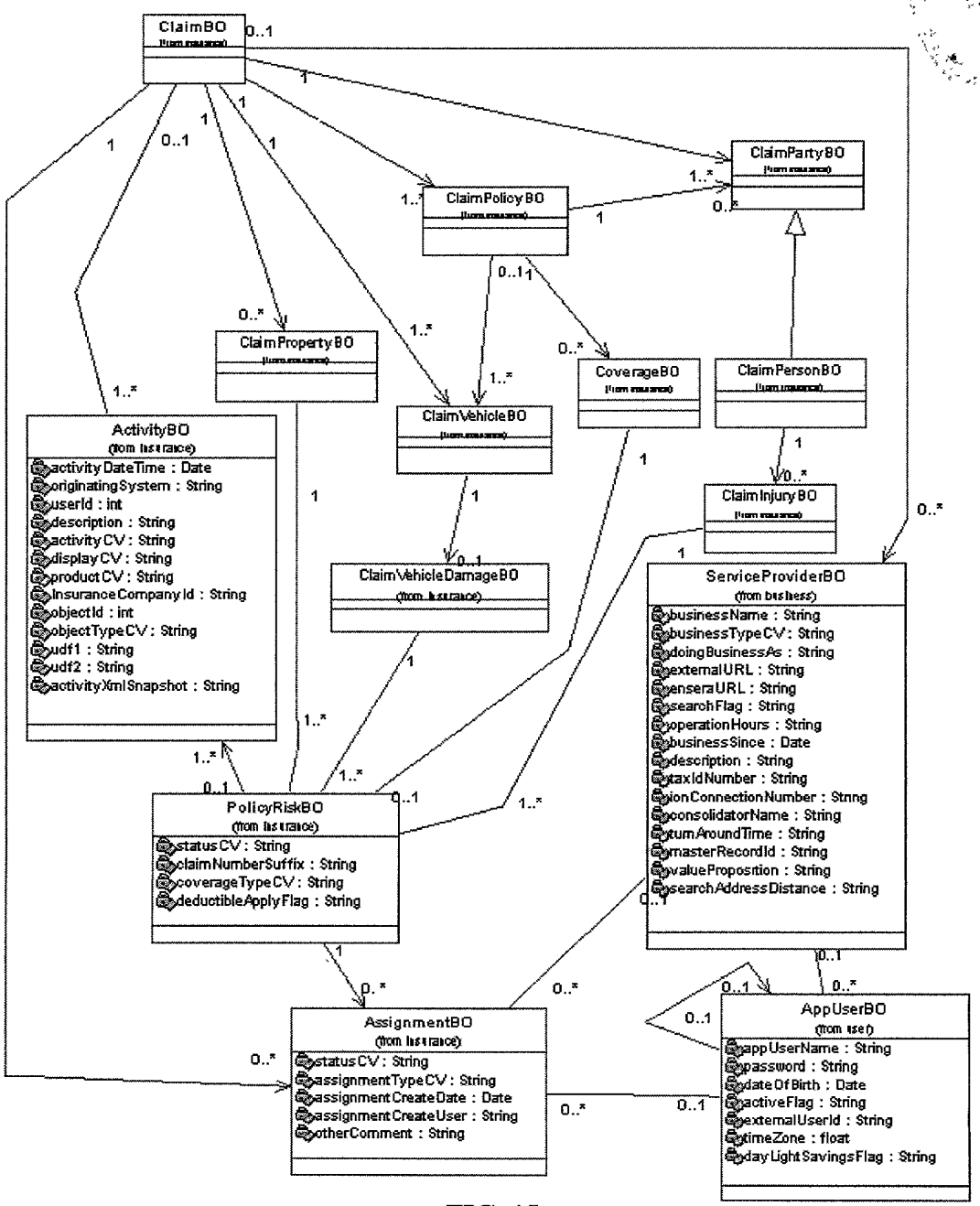

ClaimBO
ClaimPartyBO
ClaimPolicyBO
ClaimPropertyBO
ClaimVehicleBO
CoverageBO
ClaimPersonBO
ClaimInjuryBO
ClaimVehicleDamageBO
ActivityBO
(from Insurance)
activityDateTime : Date
originatingSystem : String
userId : int
description : String
activityCV : String
displayCV : String
productCV : String
InsuranceCompanyId : String
objectId : int
objectTypeCV : String
udf1 : String
udf2 : String
activityXmlSnapshot : String
ServiceProviderBO
(from business)
businessName : String
businessTypeCV : String
doingBusinessAs : String
externalURL : String
enseraURL : String
searchFlag : String
operationHours : String
businessSince : Date
description : String
taxIdNumber : String
ionConnectionNumber : Strng
consolidatorName : String
turnAroundTime : String
masterRecordId : String
valueProposition : String
searchAddressDistance : String
PolicyRiskBO
(from Insurance)
statusCV : String
claimNumberSuffix : String
coverageTypeCV : String
deductibleApplyFlag : String
AssignmentBO
(from Insurance)
statusCV : String
assignmentTypeCV : String
assignmentCreateDate : Date
assignmentCreateUser : String
otherComment : String
AppUserBO
(from user)
appUserName : String
password : String
dateOfBirth : Date
activeFlag : String
externalUserId : String
timeZone : float
dayLightSavingsFlag : String

FIG. 15

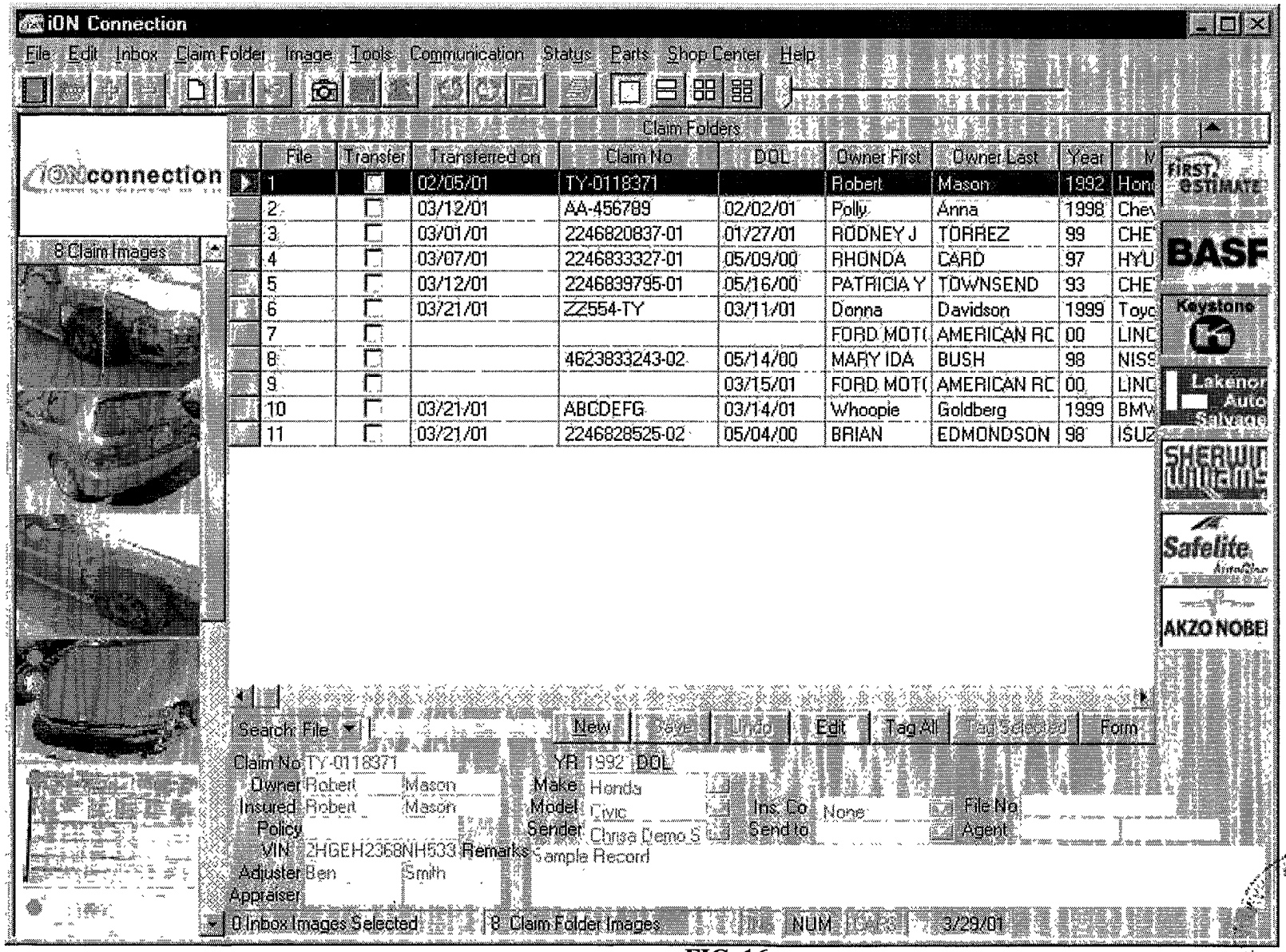


FIG. 16

Title: System and Method of Administering, Tracking and Managing of Claims Processing
Applicants: Anthony Aquila, et al.
Docket No.: 22606-05797

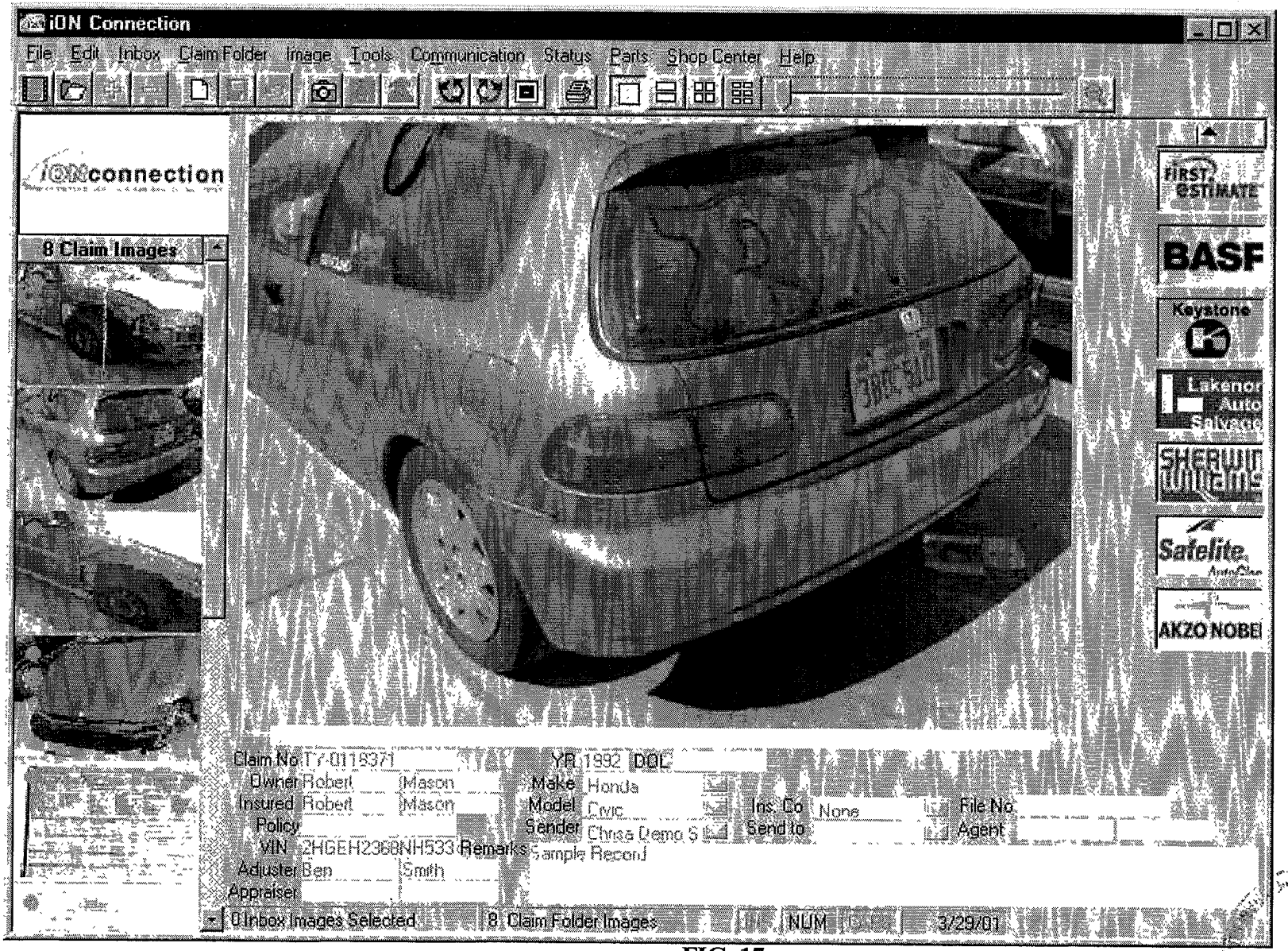


FIG. 17

Title: System and Method of Administering, Tracking and Managing of Claims Processing
Applicants: Anthony Aquila, et al.
Docket No.: 22606-05797

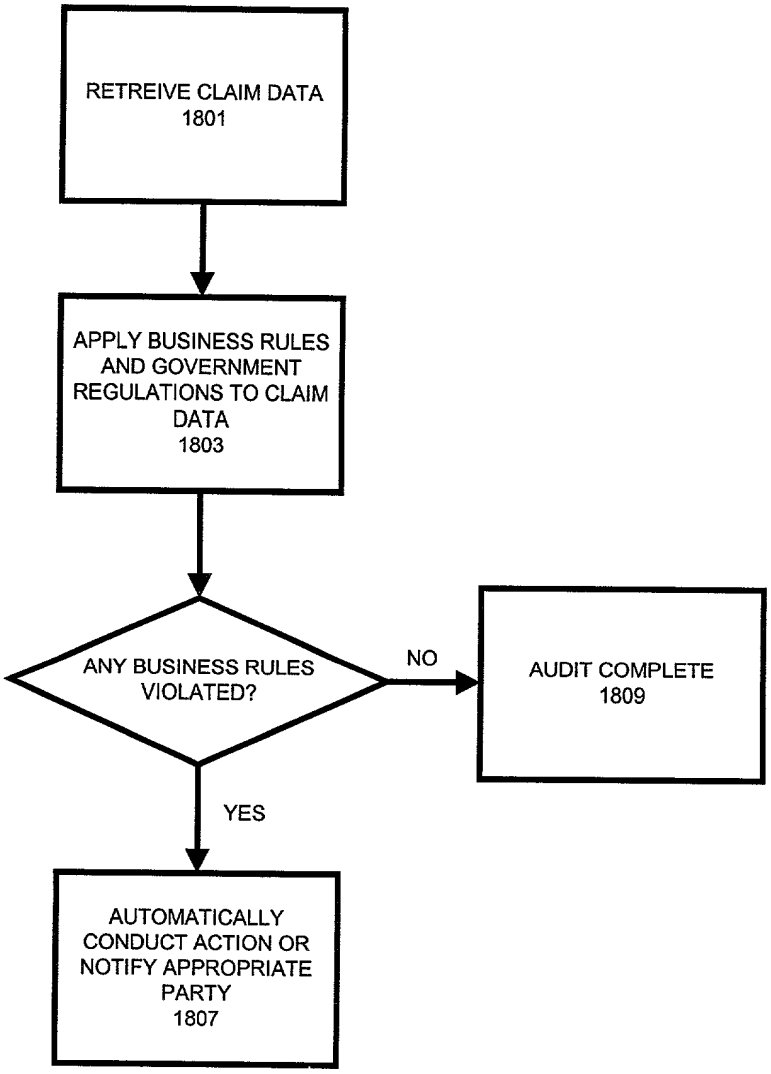

RETREIVE CLAIM DATA
1801
APPLY BUSINESS RULES AND GOVERNMENT REGULATIONS TO CLAIM DATA
1803
ANY BUSINESS RULES VIOLATED?
NO
AUDIT COMPLETE
1809
YES
AUTOMATICALLY CONDUCT ACTION OR NOTIFY APPROPRIATE PARTY
1807

FIG. 18

TO2021 4095286D

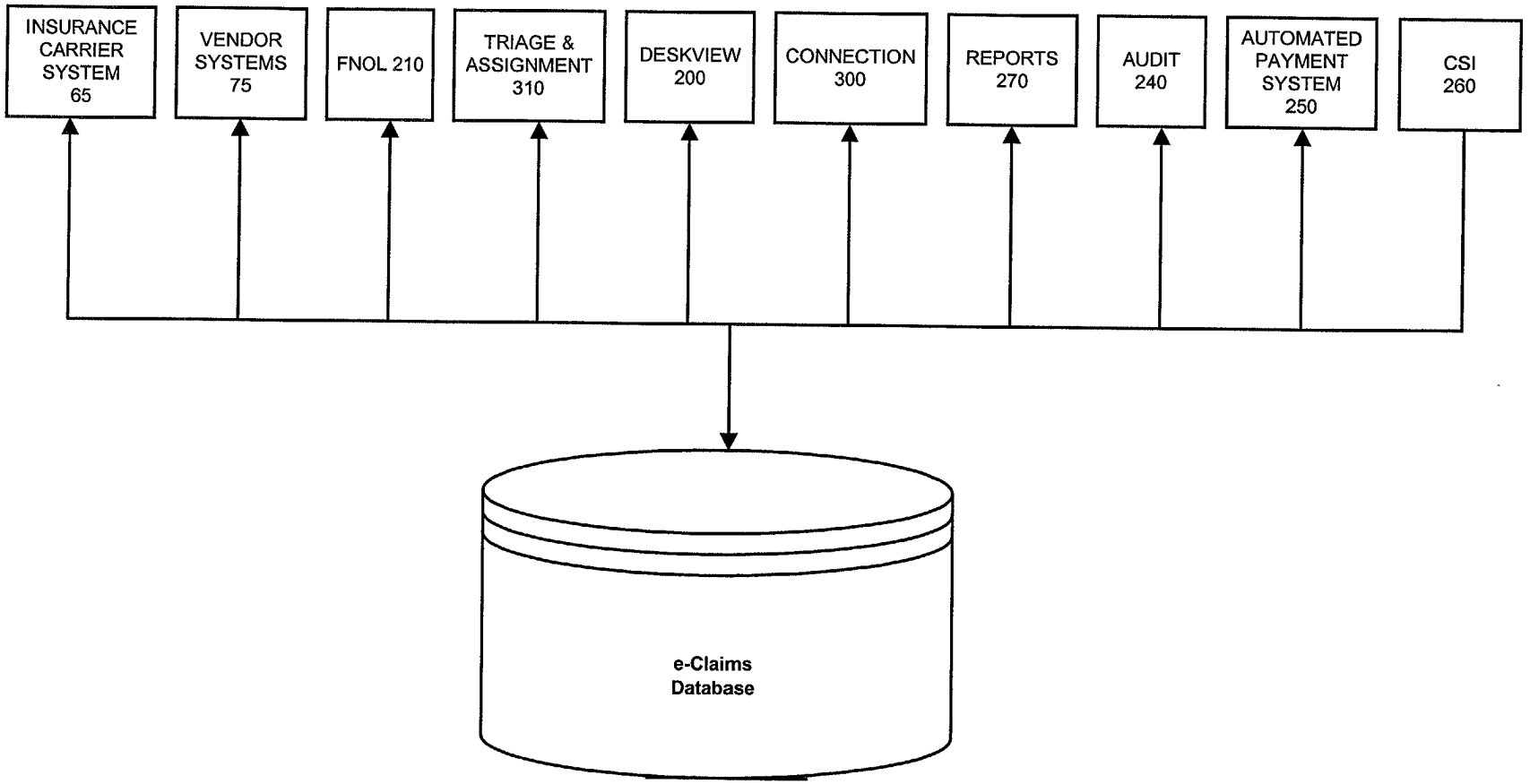


FIG. 19

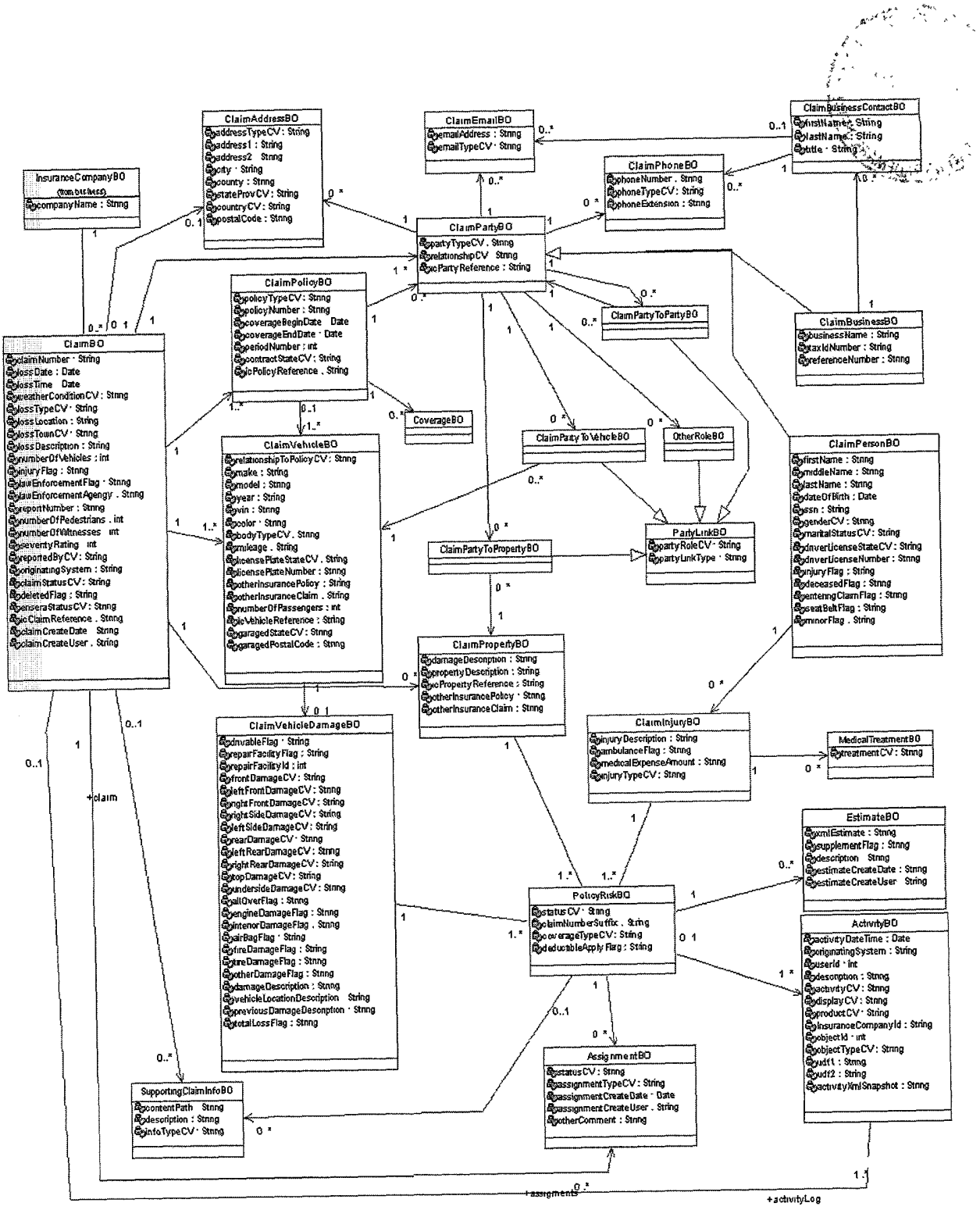

InsuranceCompanyBO
companyName : Strng
ClaimAddressBO
addressTypeCV : String
address1 : String
address2 : Strng
city : String
county : Strng
stateProvCV : String
countryCV : String
postalCode : Strng
ClaimEmailBO
emailAddress : Strng
emailTypeCV : Strng
ClaimBusinessContactBO
firstName : String
lastName : String
title : String
ClaimPhoneBO
phoneNumber : Strng
phoneTypeCV : String
phoneExtension : String
ClaimPartyBO
partyTypeCV : Strng
relationshipCV : Strng
icPartyReference : String
ClaimPolicyBO
policyTypeCV : Strng
policyNumber : Strng
coverageBeginDate : Date
coverageEndDate : Date
periodNumber : int
contractStateCV : String
icPolicyReference : Strng
ClaimPartyToPartyBO
ClaimBusinessBO
businessName : String
taxIdNumber : String
referenceNumber : Strng
ClaimBO
claimNumber : String
lossDate : Date
lossTime : Date
weatherConditionCV : Strng
lossTypeCV : String
lossLocation : String
lossTownCV : Strng
lossDescription : String
numberOfVehicles : int
injuryFlag : Strng
lawEnforcementFlag : Strng
lawEnforcementAgency : Strng
reportNumber : Strng
numberOfPedestrians : int
numberOfWitnesses : int
severityRating : int
reportedByCV : String
originatingSystem : String
claimStatusCV : String
deletedFlag : String
censeraStatusCV : Strng
icClaimReference : Strng
claimCreateDate : String
claimCreateUser : String
CoverageBO
ClaimVehicleBO
relationshipToPolicyCV : Strng
make : String
model : Strng
year : String
vin : Strng
color : Strng
bodyTypeCV : Strng
mileage : Strng
licensePlateStateCV : String
licensePlateNumber : Strng
otherInsurancePolicy : String
otherInsuranceClaim : String
numberOfPassengers : int
icVehicleReference : String
garagedStateCV : Strng
garagedPostalCode : Strng
ClaimPartyToVehicleBO
OtherRoleBO
ClaimPartyToPropertyBO
PartyLinkBO
partyRoleCV : String
partyLinkType : Strng
ClaimPersonBO
firstName : Strng
middleName : Strng
lastName : String
dateOfBirth : Date
ssn : String
genderCV : Strng
maritalStatusCV : String
driverLicenseStateCV : String
driverLicenseNumber : Strng
injuryFlag : String
deceasedFlag : Strng
enteringClaimFlag : Strng
seatBeltFlag : String
minorFlag : String
ClaimPropertyBO
damageDesonption : String
propertyDescription : String
icPropertyReference : String
otherInsurancePolicy : Strng
otherInsuranceClaim : Strng
ClaimVehicleDamageBO
driveableFlag : String
repairFacilityFlag : String
repairFacilityId : int
frontDamageCV : String
leftFrontDamageCV : Strng
rightFrontDamageCV : String
rightSideDamageCV : String
leftSideDamageCV : String
rearDamageCV : Strng
leftRearDamageCV : String
rightRearDamageCV : String
topDamageCV : String
undersideDamageCV : Strng
rollOverFlag : Strng
engineDamageFlag : Strng
interiorDamageFlag : Strng
airBagFlag : String
fireDamageFlag : String
tireDamageFlag : Strng
otherDamageFlag : Strng
damageDescription : Strng
vehicleLocationDescription : String
previousDamageDesonption : Strng
totalLossFlag : Strng
ClaimInjuryBO
injuryDescription : String
ambulanceFlag : Strng
medicalExpenseAmount : Strng
injuryTypeCV : Strng
MedicalTreatmentBO
treatmentCV : Strng
EstimateBO
xmlEstimate : Strng
supplementFlag : Strng
description : Strng
estimateCreateDate : String
estimateCreateUser : String
PolicyRiskBO
statusCV : Strng
claimNumberSuffix : String
coverageTypeCV : String
deductibleApplyFlag : String
ActivityBO
activityDateTime : Date
originatingSystem : String
userId : int
description : Strng
activityCV : Strng
displayCV : Strng
productCV : String
InsuranceCompanyId : String
objectId : int
objectTypeCV : String
udf1 : Strng
udf2 : String
activityXmlSnapshot : Strng
AssignmentBO
statusCV : Strng
assignmentTypeCV : String
assignmentCreateDate : Date
assignmentCreateUser : String
otherComment : Strng
SupportingClaimInfoBO
contentPath : Strng
description : Strng
infoTypeCV : Strng
+claim
+assignments
+activityLog

FIG. 20

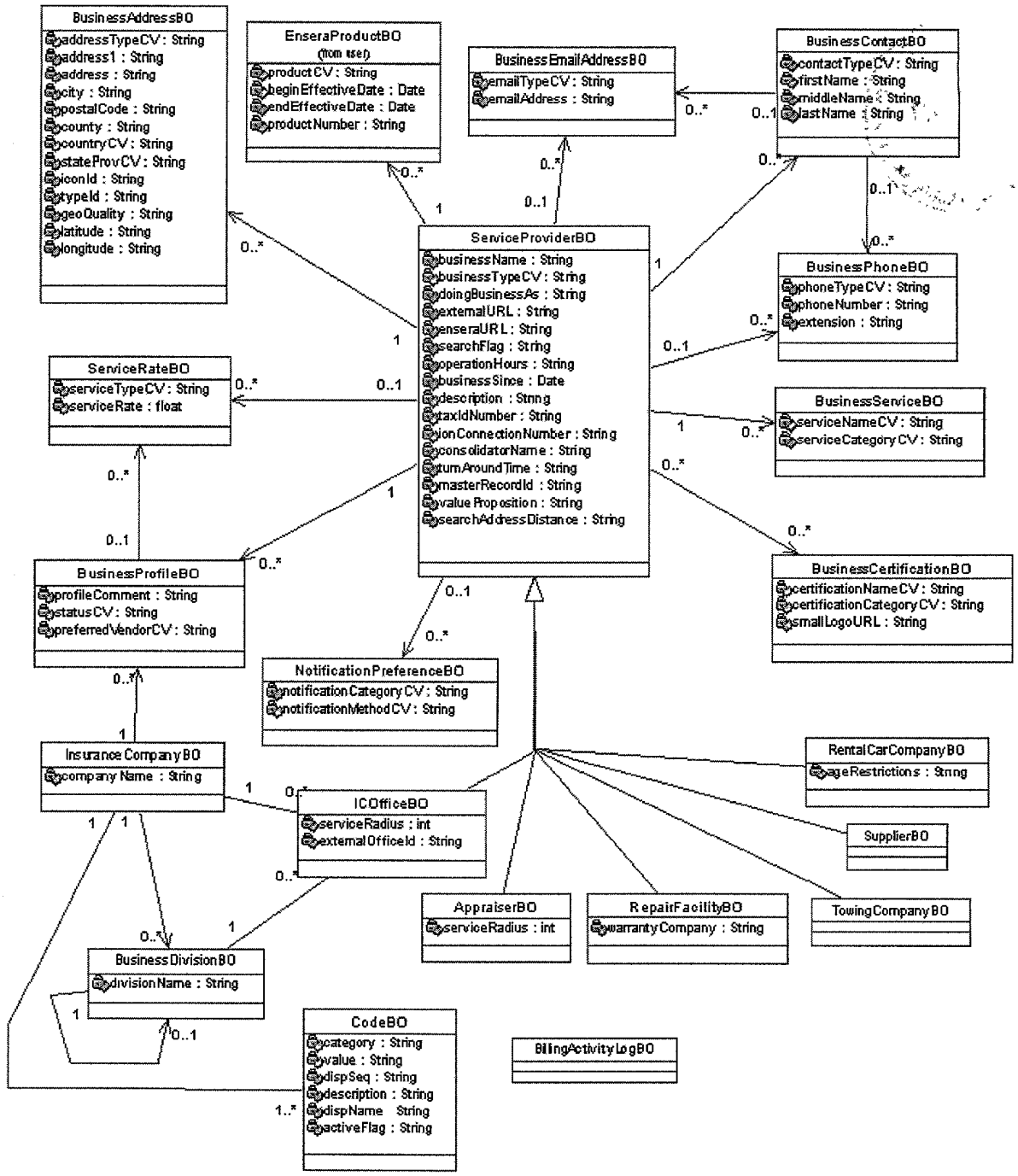

BusinessAddressBO
addressTypeCV : String
address1 : String
address : String
city : String
postalCode : String
county : String
countryCV : String
stateProvCV : String
iconId : String
typeId : String
geoQuality : String
latitude : String
longitude : String
EnseraProductBO
(from user)
productCV : String
beginEffectiveDate : Date
endEffectiveDate : Date
productNumber : String
BusinessEmailAddressBO
emailTypeCV : String
emailAddress : String
BusinessContactBO
contactTypeCV : String
firstName : String
middleName : String
lastName : String
ServiceProviderBO
businessName : String
businessTypeCV : String
doingBusinessAs : String
externalURL : String
enseraURL : String
searchFlag : String
operationHours : String
businessSince : Date
description : Stnng
taxIdNumber : String
jonConnectionNumber : String
consolidatorName : String
turnAroundTime : String
masterRecordId : String
value Proposition : String
searchAddressDistance : String
BusinessPhoneBO
phoneTypeCV : String
phoneNumber : String
extension : String
ServiceRateBO
serviceTypeCV : String
serviceRate : float
BusinessServiceBO
serviceNameCV : String
serviceCategoryCV : String
BusinessProfileBO
profileComment : String
statusCV : String
preferredVendorCV : String
BusinessCertificationBO
certificationNameCV : String
certificationCategoryCV : String
smallLogoURL : String
NotificationPreferenceBO
notificationCategoryCV : String
notificationMethodCV : String
InsuranceCompanyBO
company Name : String
RentalCarCompanyBO
ageRestrictions : Stnng
ICOfficeBO
serviceRadius : int
externalOfficeId : String
SupplierBO
AppraiserBO
serviceRadius : int
RepairFacilityBO
warrantyCompany : String
TowingCompanyBO
BusinessDivisionBO
divisionName : String
CodeBO
category : String
value : String
dispSeq : String
description : String
dispName String
activeFlag : String
BillingActivityLogBO

FIG. 21

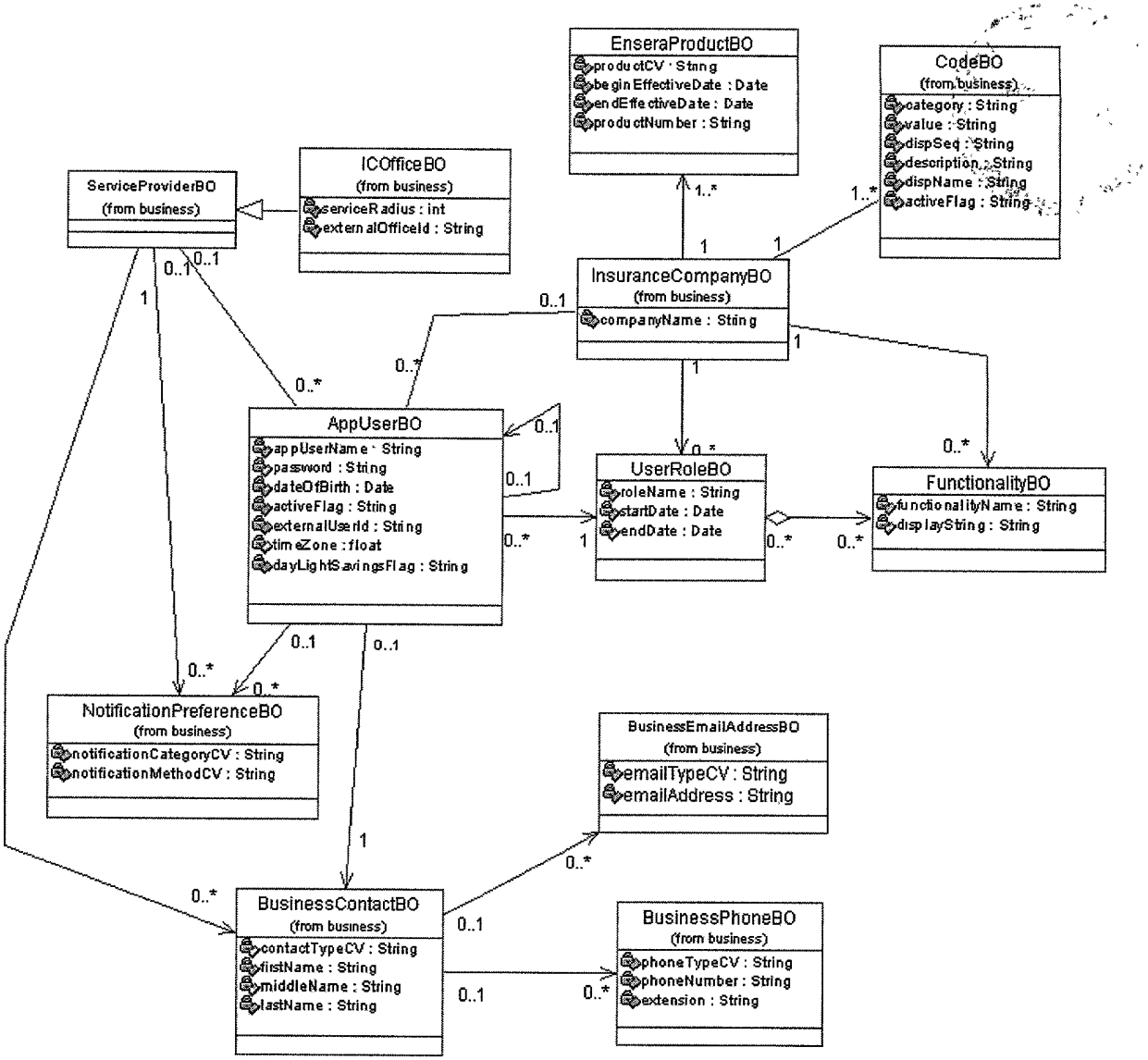

EnseraProductBO
productCV : String
beginEffectiveDate : Date
endEffectiveDate : Date
productNumber : String
CodeBO
(from business)
category : String
value : String
dispSeq : String
description : String
dispName : String
activeFlag : String
ServiceProviderBO
(from business)
ICOfficeBO
(from business)
serviceRadius : int
externalOfficeId : String
InsuranceCompanyBO
(from business)
companyName : String
AppUserBO
appUserName : String
password : String
dateOfBirth : Date
activeFlag : String
externalUserId : String
timeZone : float
dayLightSavingsFlag : String
UserRoleBO
roleName : String
startDate : Date
endDate : Date
FunctionalityBO
functionalityName : String
displayString : String
NotificationPreferenceBO
(from business)
notificationCategoryCV : String
notificationMethodCV : String
BusinessEmailAddressBO
(from business)
emailTypeCV : String
emailAddress : String
BusinessContactBO
(from business)
contactTypeCV : String
firstName : String
middleName : String
lastName : String
BusinessPhoneBO
(from business)
phoneTypeCV : String
phoneNumber : String
extension : String

FIG. 22

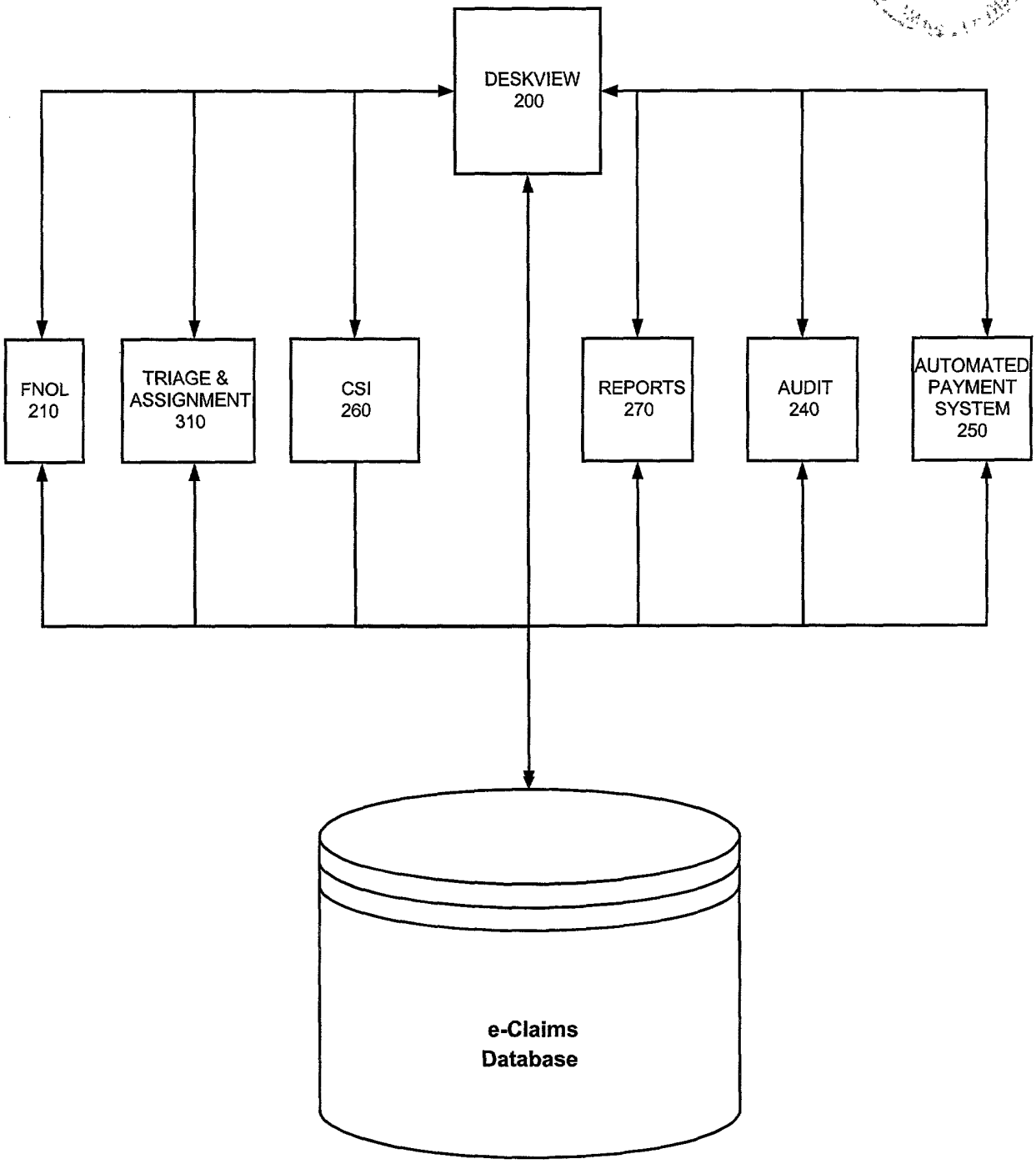

DESKVIEW
200
FNOL
210
TRIAGE &
ASSIGNMENT
310
CSI
260
REPORTS
270
AUDIT
240
AUTOMATED
PAYMENT
SYSTEM
250
e-Claims
Database

FIG. 23

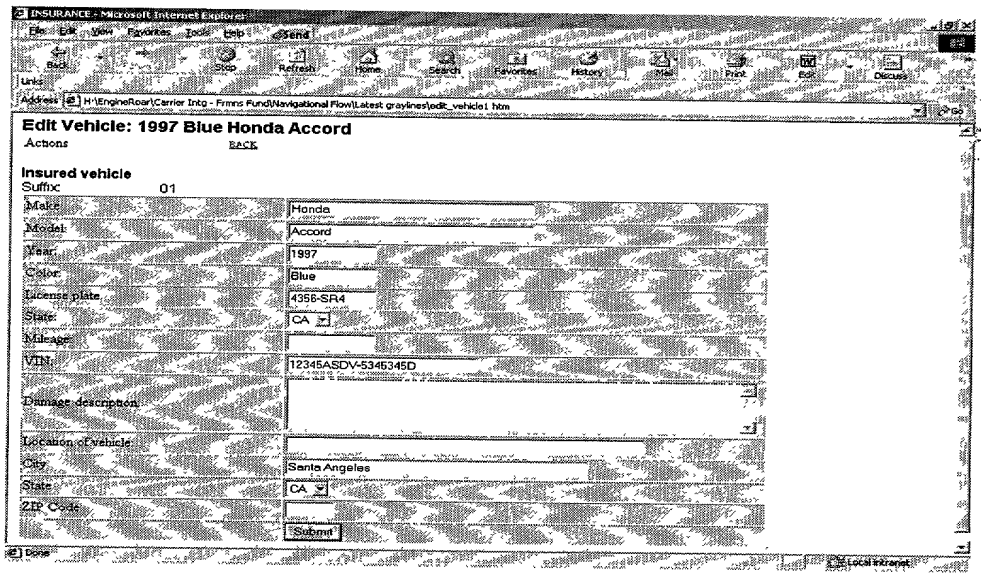


FIG. 24A

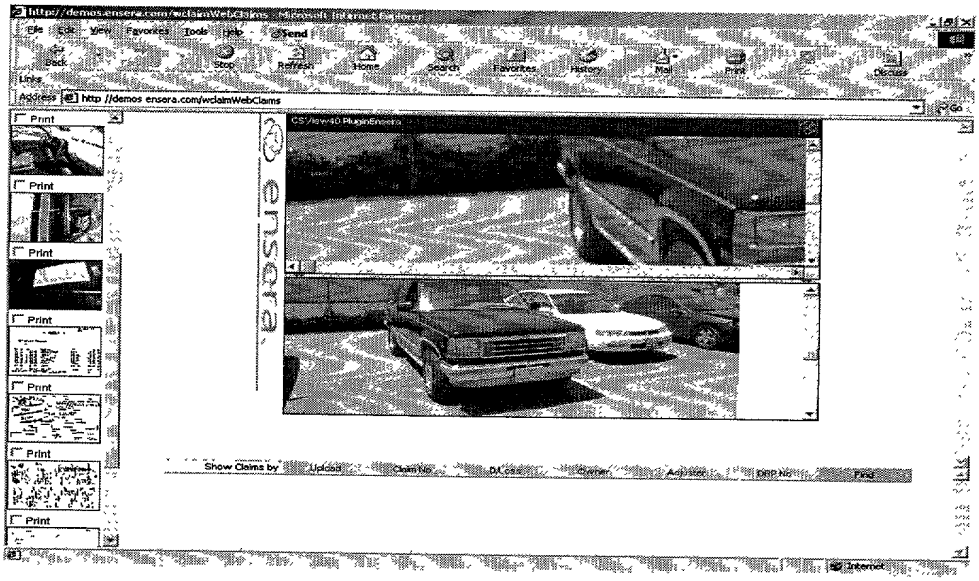


FIG. 24B

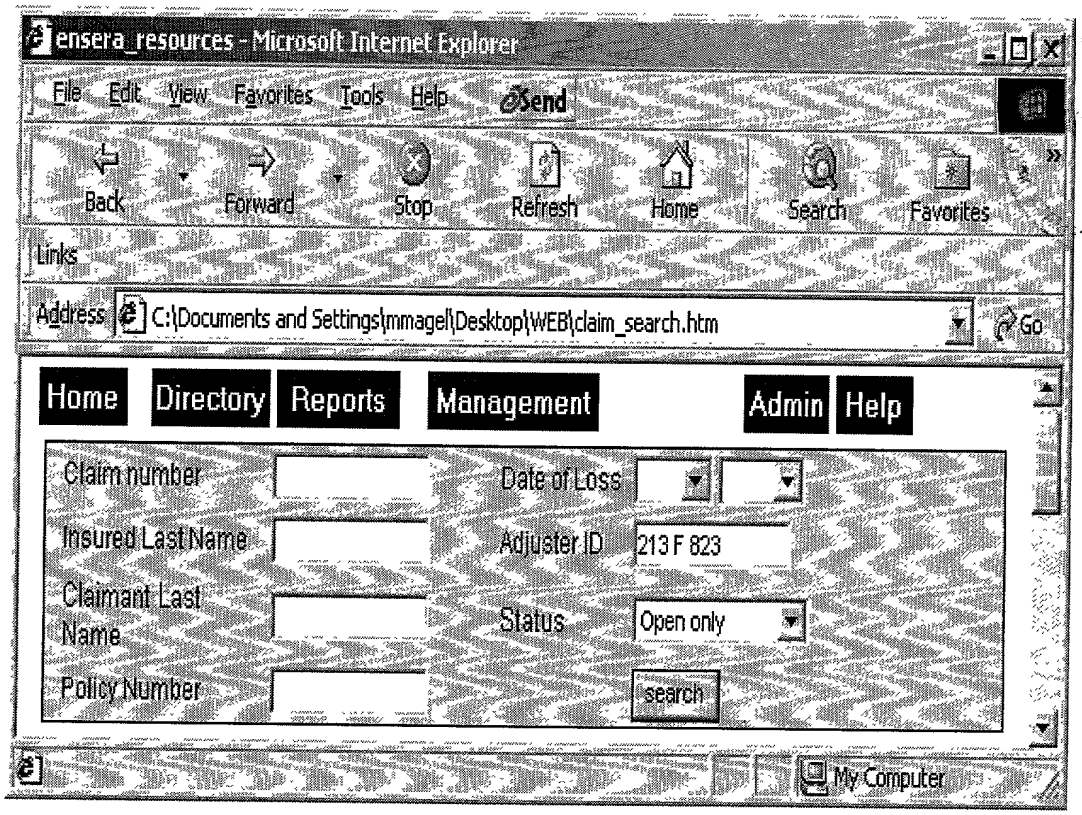

ensera_resources - Microsoft Internet Explorer
File Edit View Favorites Tools Help Send
Back Forward Stop Refresh Home Search Favorites
Links
Address C:\Documents and Settings\mmagel\Desktop\WEB\claim_search.htm
Go
Home Directory Reports Management Admin Help
Claim number
Insured Last Name
Claimant Last Name
Policy Number
Date of Loss
Adjuster ID
213 F 823
Status
Open only
search
My Computer

FIG. 25

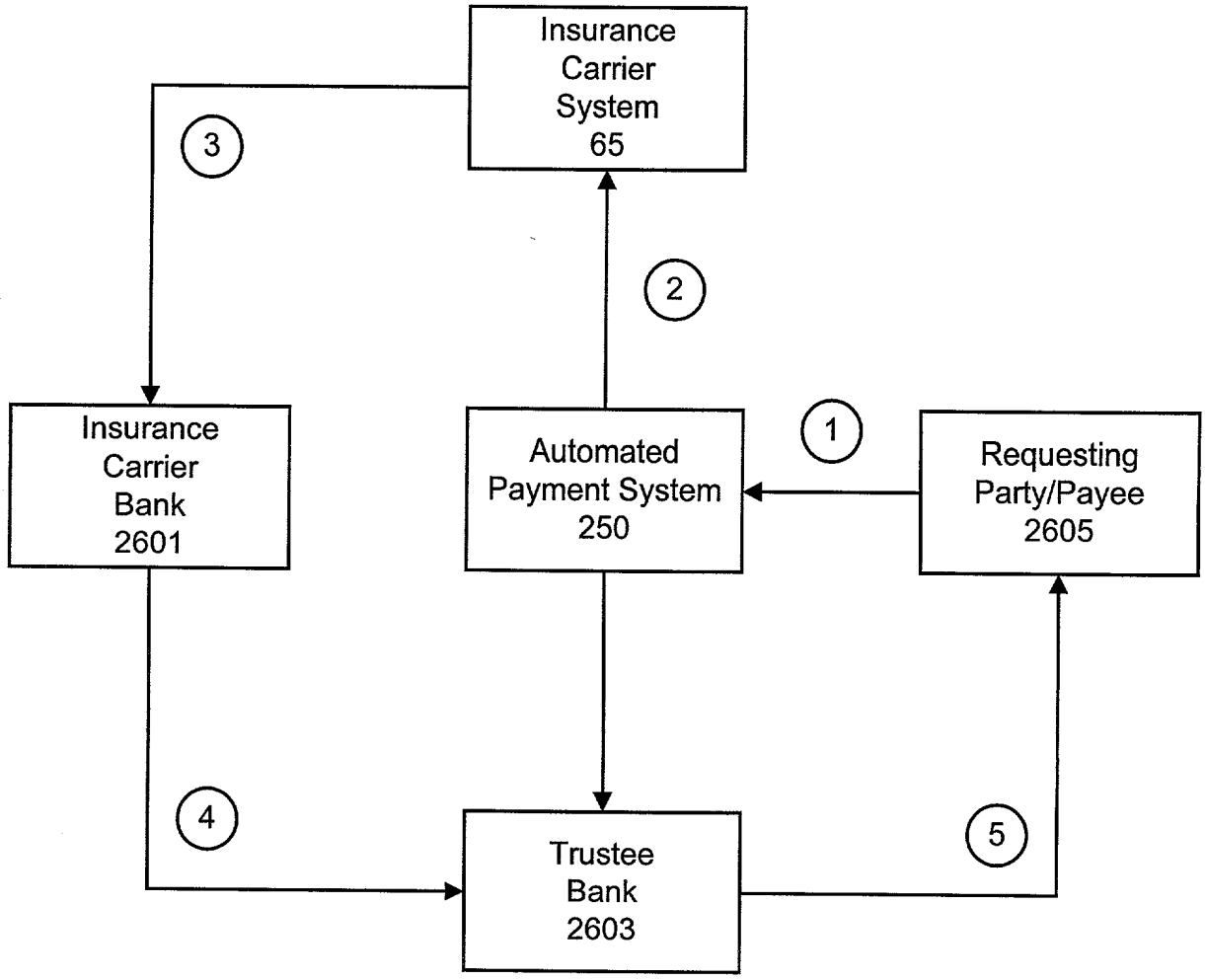

Insurance Carrier System 65
3
2
Insurance Carrier Bank 2601
Automated Payment System 250
1
Requesting Party/Payee 2605
4
Trustee Bank 2603
5

FIG. 26

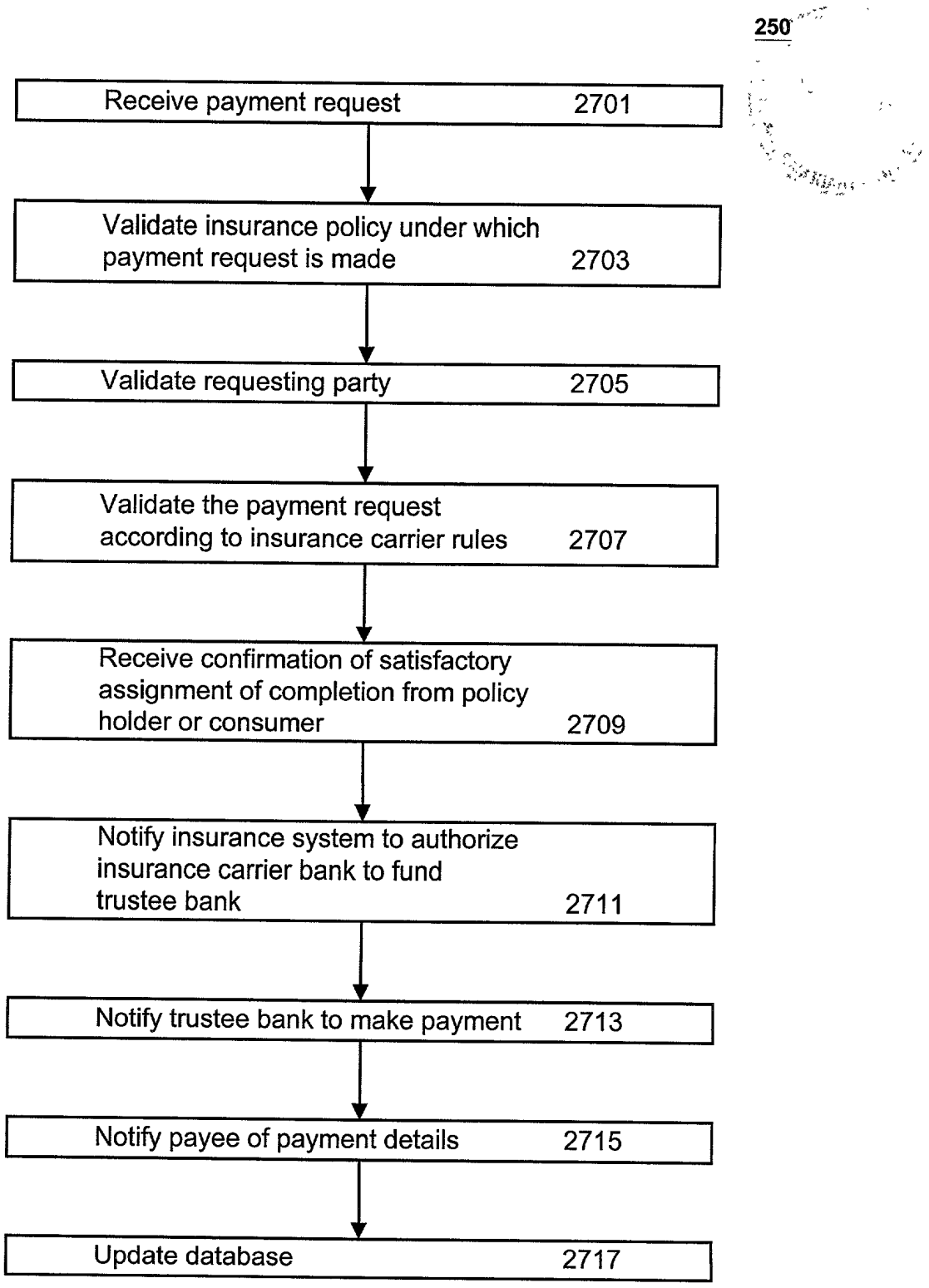

250
Receive payment request 2701
Validate insurance policy under which payment request is made 2703
Validate requesting party 2705
Validate the payment request according to insurance carrier rules 2707
Receive confirmation of satisfactory assignment of completion from policy holder or consumer 2709
Notify insurance system to authorize insurance carrier bank to fund trustee bank 2711
Notify trustee bank to make payment 2713
Notify payee of payment details 2715
Update database 2717

FIG. 27

TO2021 4095360

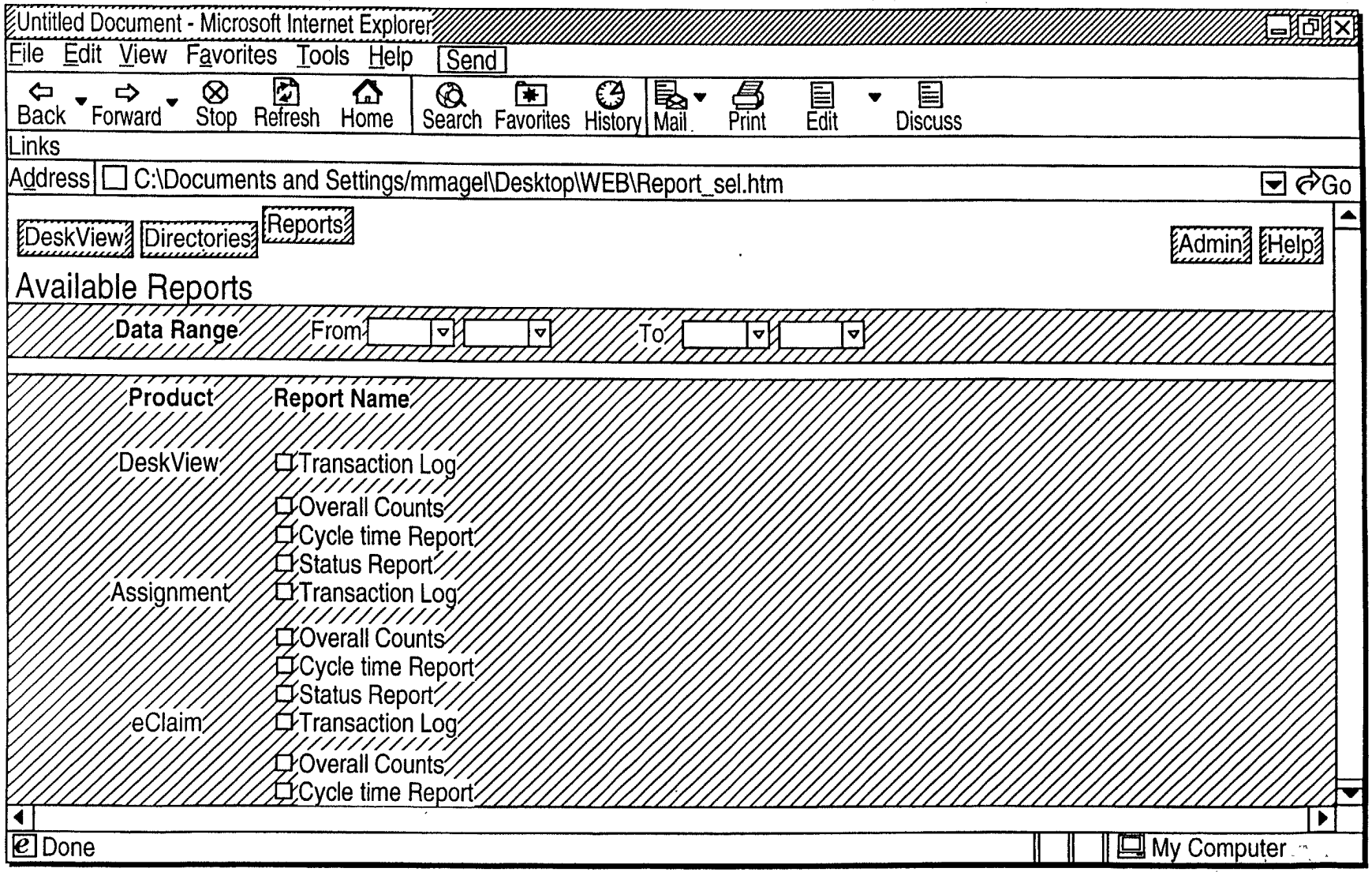


FIG. 28

Title: System and Method of Administering, Tracking and Managing of Claims Processing
Applicants: Anthony Aquila, et al.
Docket No.: 22606-05797

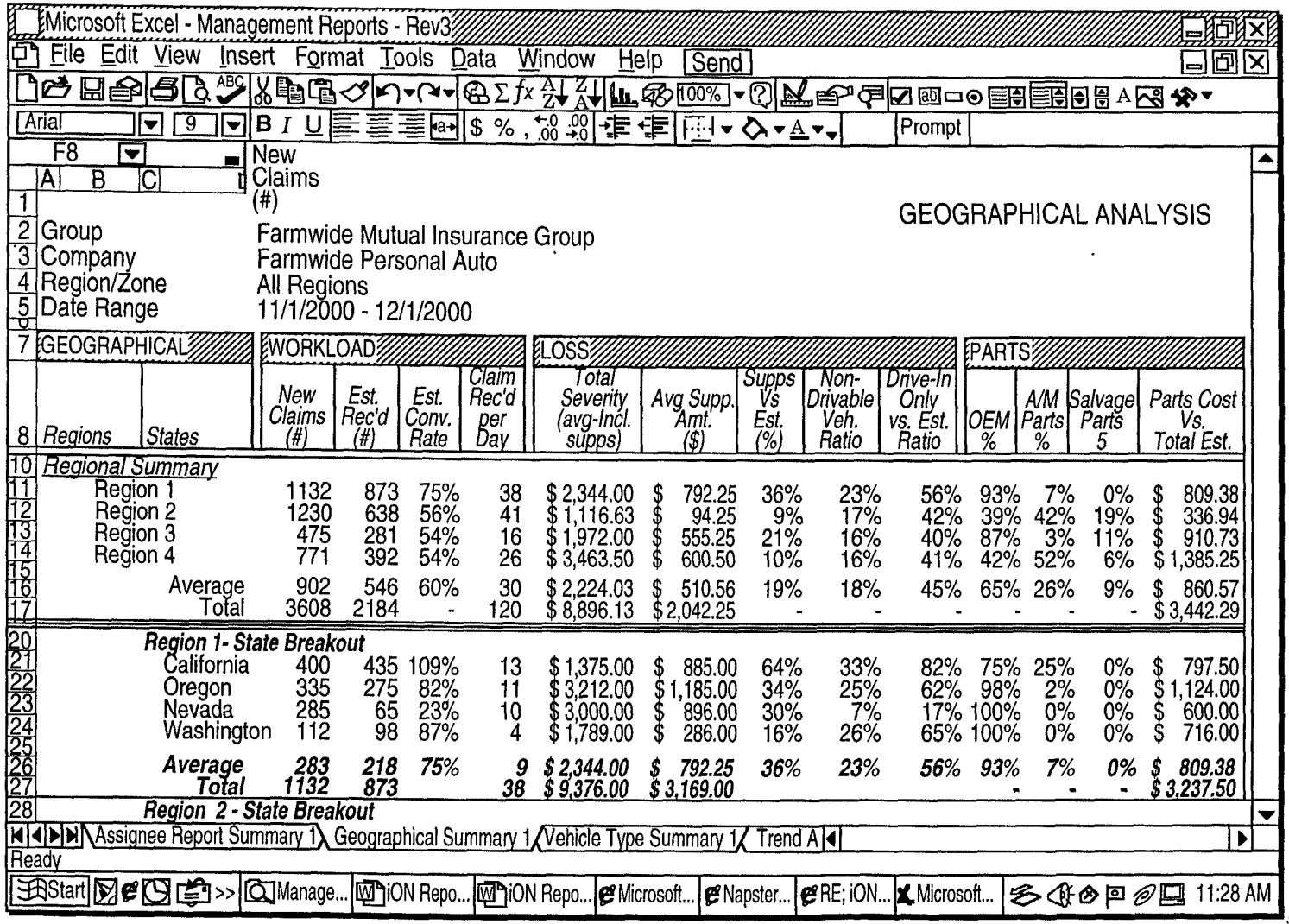
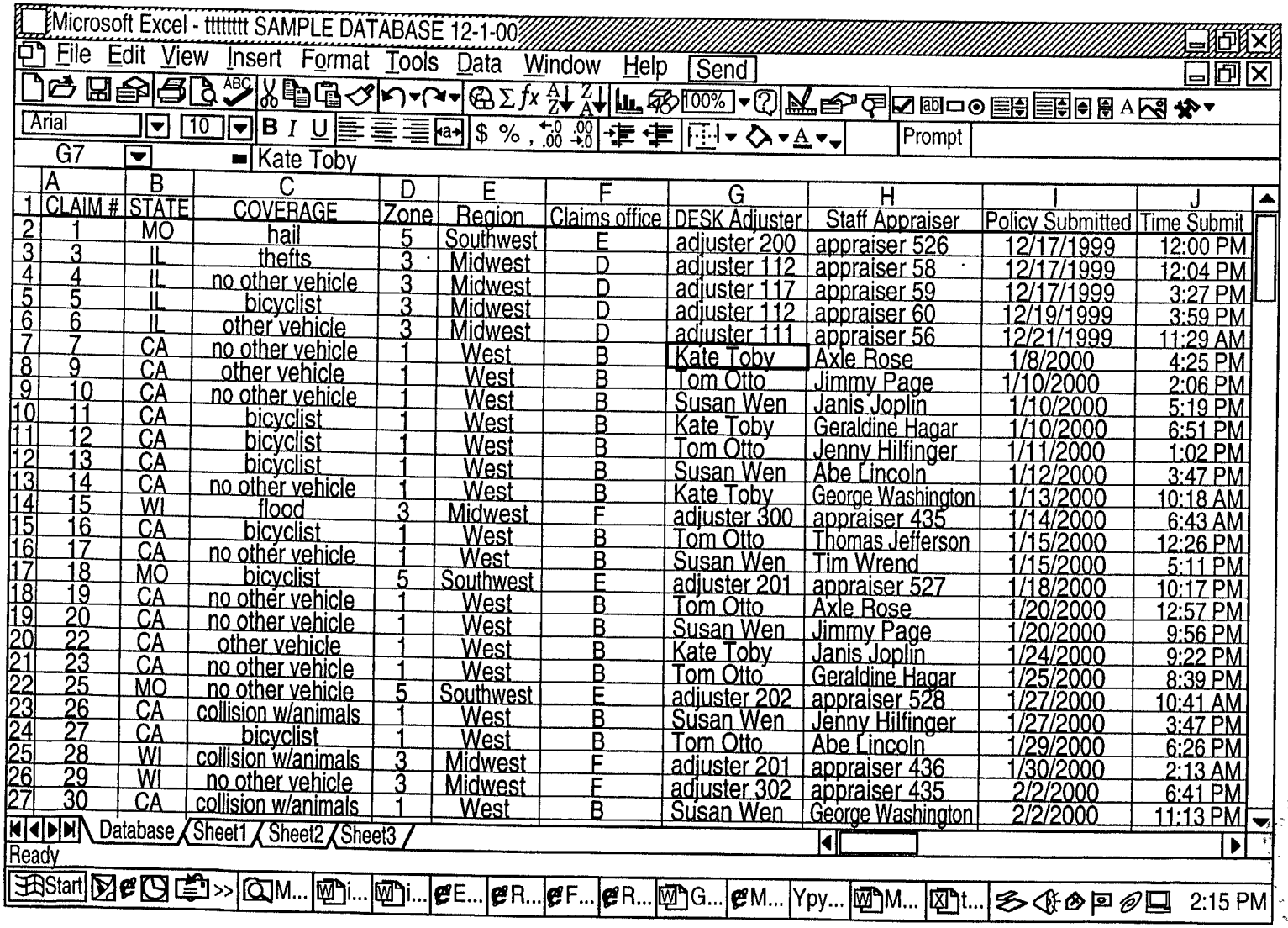


FIG. 29

Title: System and Method of Administering, Tracking and Managing of Claims Processing
Applicants: Anthony Aquila, et al.
Docket No.: 22606-05797

US 6,952,860



	A	B	C	D	E	F	G	H	I	J
1	CLAIM #	STATE	COVERAGE	Zone	Region	Claims office	DESK Adjuster	Staff Appraiser	Policy Submitted	Time Submit
2	1	MO	hail	5	Southwest	E	adjuster 200	appraiser 526	12/17/1999	12:00 PM
3	3	IL	thefts	3	Midwest	D	adjuster 112	appraiser 58	12/17/1999	12:04 PM
4	4	IL	no other vehicle	3	Midwest	D	adjuster 117	appraiser 59	12/17/1999	3:27 PM
5	5	IL	bicyclist	3	Midwest	D	adjuster 112	appraiser 60	12/19/1999	3:59 PM
6	6	IL	other vehicle	3	Midwest	D	adjuster 111	appraiser 56	12/21/1999	11:29 AM
7	7	CA	no other vehicle	1	West	B	Kate Toby	Axle Rose	1/8/2000	4:25 PM
8	9	CA	other vehicle	1	West	B	Tom Otto	Jimmy Page	1/10/2000	2:06 PM
9	10	CA	no other vehicle	1	West	B	Susan Wen	Janis Joplin	1/10/2000	5:19 PM
10	11	CA	bicyclist	1	West	B	Kate Toby	Geraldine Hagar	1/10/2000	6:51 PM
11	12	CA	bicyclist	1	West	B	Tom Otto	Jenny Hilfinger	1/11/2000	1:02 PM
12	13	CA	bicyclist	1	West	B	Susan Wen	Abe Lincoln	1/12/2000	3:47 PM
13	14	CA	no other vehicle	1	West	B	Kate Toby	George Washington	1/13/2000	10:18 AM
14	15	WI	flood	3	Midwest	F	adjuster 300	appraiser 435	1/14/2000	6:43 AM
15	16	CA	bicyclist	1	West	B	Tom Otto	Thomas Jefferson	1/15/2000	12:26 PM
16	17	CA	no other vehicle	1	West	B	Susan Wen	Tim Wrend	1/15/2000	5:11 PM
17	18	MO	bicyclist	5	Southwest	E	adjuster 201	appraiser 527	1/18/2000	10:17 PM
18	19	CA	no other vehicle	1	West	B	Tom Otto	Axle Rose	1/20/2000	12:57 PM
19	20	CA	no other vehicle	1	West	B	Susan Wen	Jimmy Page	1/20/2000	9:56 PM
20	22	CA	other vehicle	1	West	B	Kate Toby	Janis Joplin	1/24/2000	9:22 PM
21	23	CA	no other vehicle	1	West	B	Tom Otto	Geraldine Hagar	1/25/2000	8:39 PM
22	25	MO	no other vehicle	5	Southwest	E	adjuster 202	appraiser 528	1/27/2000	10:41 AM
23	26	CA	collision w/animals	1	West	B	Susan Wen	Jenny Hilfinger	1/27/2000	3:47 PM
24	27	CA	bicyclist	1	West	B	Tom Otto	Abe Lincoln	1/29/2000	6:26 PM
25	28	WI	collision w/animals	3	Midwest	F	adjuster 201	appraiser 436	1/30/2000	2:13 AM
26	29	WI	no other vehicle	3	Midwest	F	adjuster 302	appraiser 435	2/2/2000	6:41 PM
27	30	CA	collision w/animals	1	West	B	Susan Wen	George Washington	2/2/2000	11:13 PM

FIG. 30

Title: System and Method of Administering, Tracking and Managing of Claims Processing
Applicants: Anthony Aquila, et al.
Docket No.: 22606-05797